



REGISTRATION

Boarding Daycare Training Class

Please circle one

PetU, LLC, PetU 2, LLC, and PetU 3, LLC (hereinafter "PetU") retains the rights to any photos/videos taken during campus visits for advertisement or educational purposes.

Name:

First Name Middle Initial Last Name

Current Address:

Street and Apt. # City State Zip Code

Cell Phone: _____ Home Phone: _____

Email Address: _____

How did you hear about us? _____

If referred, name of person who provided referral: _____

STUDENT INFORMATION

Student 1:

Name: _____ Breed: _____

Color: _____ Weight: _____ Age: _____

Male / Female Neutered / Spayed

Student 2:

Name: _____ Breed: _____

Color: _____ Weight: _____ Age: _____

Male / Female Neutered / Spayed

Pet Guardianship: In the unfortunate event that you become incapacitated while your dog is in our care, please name the person who should be contacted to become their temporary guardian until care can be provided as arranged for in your legal documents.

Name: _____ Phone Number: _____

How did you hear about us? _____

If referred, name of person who provided referral: _____

If your dog is attending daycare, has your dog been to another daycare previously? If yes, please indicate where, when, and your reason for leaving.

Is your dog human aggressive? (i.e. growling, excessive barking, nipping, teeth bearing, lunging, biting, etc.)

YES NO UNSURE

Is your dog dog aggressive? (i.e. growling, excessive barking, nipping, teeth bearing, lunging, biting, etc.)

YES NO UNSURE

Is your dog food aggressive/possessive? (i.e. growling, excessive barking, nipping, teeth bearing, lunging, biting, etc.)

YES NO UNSURE

VACCINATION/MEDICAL HISTORY

Veterinarian Name: _____

Address: _____ Phone Number: _____

Date of vaccinations:

Rabies: _____ Distemper: _____ Bordetella: _____

Annual Heartworm? YES NO Flea/Tick Medication? YES NO

Microchip? YES NO

Describe any medical/health issues we should be aware of:

Medications: YES NO

Name of medication: _____

Time(s) given: _____

Quantity given: _____

Feedings:

Name of food: _____

Time given: _____

Amount given: _____

EMERGENCY VETERINARIAN AUTHORIZATION

In the event of an emergency involving the health of your dog, PetU will contact the owner immediately using the contact information provided on this registration form. If the owner cannot be reached, the owner hereby authorizes PetU or its representative to obtain such veterinary treatment at the veterinarian of their choosing, using their best judgment. You authorize PetU to incur veterinarian cost in your name for which you will be solely responsible for. You agree to indemnify and hold harmless PetU from any liability arising from such veterinary charges. You must sign below for this registration to be valid, and your signature indicates your agreement to these terms.

Owner Signature

Date

I have received a copy of PetU's Terms and Conditions.

Owner Signature

Date

Form and information verified:

PetU Representative

Date