



## INN & DAYCARE REGISTRATION

<p><b>Owner Contact Information:</b></p> <p><b>Name(s)</b></p> <p><b>Address</b></p> <p><i>*Please check your preferred contact method:</i></p> <p><b>e-mail</b></p> <p><b>Cell phone</b></p> <p><b>Home phone</b></p>	<p><b>Emergency Contact:</b></p> <p><b>Name</b></p> <p><b>Cell phone</b></p> <p><b>Home phone</b></p> <hr/> <p><i>*Carpenter Animal Hospital has permission to release my pet to:</i></p> <p><b>Name</b></p> <p><b>Relationship</b></p> <p><b>Cell phone</b></p>
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## GUEST PROFILE

**🐾 Guest Name** \_\_\_\_\_

**🐾 Date of Birth** \_\_\_\_\_

**🐾 Breed** \_\_\_\_\_

**🐾 Color** \_\_\_\_\_

**🐾 Gender:**     Male                       Female  
     Neutered                       Spayed

**🐾 Species:**     Canine                                       Feline  
     Other

**🐾 Where did you acquire your pet:**     Breeder     Found     Shelter     Rehomed     Rescue

**🐾 Behavior: (check all that apply)**

<input type="checkbox"/> has attended daycare	<input type="checkbox"/> protective of owner	<input type="checkbox"/> displays fear aggression
<input type="checkbox"/> goes to the dog park	<input type="checkbox"/> displays leash aggression	<input type="checkbox"/> displays food aggression
<input type="checkbox"/> lives with other household pets	<input type="checkbox"/> displays separation anxiety	<input type="checkbox"/> displays ball/object aggression
<input type="checkbox"/> has formal training	<input type="checkbox"/> prone to eating foreign objects	<input type="checkbox"/> has had an altercation with another dog
		<input type="checkbox"/> has bitten someone

**🐾 Recent Health History: (check any that have occurred in the past 6 months)**

<input type="checkbox"/> Allergies	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Heat Stroke	<input type="checkbox"/> Medications (please list current medications)
	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eye Infection	<input type="checkbox"/> Seizures
<input type="checkbox"/> Other		<input type="checkbox"/> Arthritis	<input type="checkbox"/> Frequent Urination
		_____ <input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal Upset

**🐾 How did you hear about us: (check all that apply)**


<input type="checkbox"/> Advertisement	<input type="checkbox"/> Community Event	<input type="checkbox"/> Rescue	<input type="checkbox"/> Existing Client
<input type="checkbox"/> Brochure	<input type="checkbox"/> Driving-by	<input type="checkbox"/> Shelter	<input type="checkbox"/> Referral

Business Card

Internet Search

Trainer

Other

 **Are you aware of our referral rewards program?**  Yes

No

updated

01/01/14