



# J.M. PET RESORT REGISTRATION FORM

DAYCARE / BOARDING / MOTIVATIONAL TRAINING/ GROOMING

**PLEASE BRING PROOF OF VACCINATIONS TO THE EVALUATION**

**\*\*FOR ADDITIONAL PETS IN SAME HOUSEHOLD\*\***

Name of owner: \_\_\_\_\_

**Pet's Name (2) :** \_\_\_\_\_ Breed: \_\_\_\_\_

Colors/Distinct Markings: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Spayed/Neutered: **Yes/No** Age Spayed/Neutered: \_\_\_\_\_

Pet's weight: \_\_\_\_\_ What kind of food do you feed your pet? \_\_\_\_\_

How much do you feed? \_\_\_\_\_ Frequency: \_\_\_\_\_

Does pet have any allergies? **Yes/No** Pls identify: \_\_\_\_\_

Any illness, skin disorder, cuts or lacerations in the last 6 mths? \_\_\_\_\_

Was it treated by a Vet? **Yes/No** Does pet have any physical disabilities that may affect training? **Yes/No**

Does pet have any chronic medical conditions or allergies? \_\_\_\_\_

Is pet currently on any medications? **Yes/No** If yes, pls explain: \_\_\_\_\_

Is pet crate trained? **Yes/No**

Is pet sensitive/fearful of anything? **Yes/No** If yes, pls explain: \_\_\_\_\_

State briefly the problems that brought you to class: \_\_\_\_\_

What do you wish to accomplish? \_\_\_\_\_

**Pet's Name (3) :** \_\_\_\_\_ Breed: \_\_\_\_\_

Colors/Distinct Markings: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Spayed/Neutered: **Yes/No** Age Spayed/Neutered: \_\_\_\_\_

Pet's weight: \_\_\_\_\_ What kind of food do you feed your pet? \_\_\_\_\_

How much do you feed? \_\_\_\_\_ Frequency: \_\_\_\_\_

Does pet have any allergies? **Yes/No** Pls identify: \_\_\_\_\_

Any illness, skin disorder, cuts or lacerations in the last 6 mths? \_\_\_\_\_

Was it treated by a Vet? **Yes/No** Does pet have any physical disabilities that may affect training? **Yes/No**

Does pet have any chronic medical conditions or allergies? \_\_\_\_\_

Is pet currently on any medications? **Yes/No** If yes, pls explain: \_\_\_\_\_

Is pet crate trained? **Yes/No**

Is pet sensitive/fearful of anything? **Yes/No** If yes, pls explain: \_\_\_\_\_

State briefly the problems that brought you to class: \_\_\_\_\_

What do you wish to accomplish? \_\_\_\_\_

**OFFICE USE ONLY:**

Evaluation: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Crate Training  Pack Leader  Vocabulary  Lead & Collar  Feeding

Rev. 4/11

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**\*\*FOR ADDITIONAL PETS IN SAME HOUSEHOLD\*\***

Name of owner: \_\_\_\_\_

**Pet's Name (4) :** \_\_\_\_\_ **Breed:** \_\_\_\_\_

Colors/Distinct Markings: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Spayed/Neutered: **Yes/No** Age Spayed/Neutered: \_\_\_\_\_

Pet's weight: \_\_\_\_\_ What kind of food do you feed your pet? \_\_\_\_\_

How much do you feed? \_\_\_\_\_ Frequency: \_\_\_\_\_

Does pet have any allergies? **Yes/No** Pls identify: \_\_\_\_\_

Any illness, skin disorder, cuts or lacerations in the last 6 mths? \_\_\_\_\_

Was it treated by a Vet? **Yes/No** Does pet have any physical disabilities that may affect training? **Yes/No**

Does pet have any chronic medical conditions or allergies? \_\_\_\_\_

Is pet currently on any medications? **Yes/No** If yes, pls explain: \_\_\_\_\_

Is pet crate trained? **Yes/No**

Is pet sensitive/fearful of anything? **Yes/No** If yes, pls explain: \_\_\_\_\_

State briefly the problems that brought you to class: \_\_\_\_\_

What do you wish to accomplish? \_\_\_\_\_

**Pet's Name (5) :** \_\_\_\_\_ **Breed:** \_\_\_\_\_

Colors/Distinct Markings: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Spayed/Neutered: **Yes/No** Age Spayed/Neutered: \_\_\_\_\_

Pet's weight: \_\_\_\_\_ What kind of food do you feed your pet? \_\_\_\_\_

How much do you feed? \_\_\_\_\_ Frequency: \_\_\_\_\_

Does pet have any allergies? **Yes/No** Pls identify: \_\_\_\_\_

Any illness, skin disorder, cuts or lacerations in the last 6 mths? \_\_\_\_\_

Was it treated by a Vet? **Yes/No** Does pet have any physical disabilities that may affect training? **Yes/No**

Does pet have any chronic medical conditions or allergies? \_\_\_\_\_

Is pet currently on any medications? **Yes/No** If yes, pls explain: \_\_\_\_\_

Is pet crate trained? **Yes/No**

Is pet sensitive/fearful of anything? **Yes/No** If yes, pls explain: \_\_\_\_\_

State briefly the problems that brought you to class: \_\_\_\_\_

What do you wish to accomplish? \_\_\_\_\_

**OFFICE USE ONLY:**

**Evaluation:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency #:** \_\_\_\_\_

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