

MISAWA PET KENNEL PET REGISTRATION FORM

OWNER INFORMATION

Sponsor:

Last Name: _____ First Name: _____

Phone Number: _____ DSN: _____

Branch: _____ Unit: _____ Rank: _____ DEROS: _____

Box Number: _____ Email: _____

Spouse:

Last Name: _____ First Name: _____

Phone Number: _____ Email: _____

PET(S) INFORMATION

1st Pet

Name: _____ Please Circle: DOG / CAT Breed: _____

Sex: Male/ Female Spayed/Neutered: Yes/No Age: _____ Weight: _____ Color: _____

Registered at Misawa Veterinary Clinic: Yes/No Is your pet on flea/tick prevention? Yes/No

Has this pet ever shown aggression? Yes/No With animals? Yes/No With people? Yes/No

Is this pet a(n): ESCAPIST JUMPER DIGGER PROTECTIVE BITER FOOD AGGRESSIVE

OTHER _____

Brand of food: _____ Amount fed AM: _____ Noon: _____ PM: _____

Does your pet have any allergies? Yes/No (Food, skin, scent)

PLEASE EXPLAIN _____

Is your pet on any medication? Yes/No

PLEASE EXPLAIN _____

2nd Pet

Name: _____ Please Circle: DOG / CAT Breed: _____

Sex: Male/ Female Spayed/Neutered: Yes/No Age: _____ Weight: _____ Color: _____

Registered at Misawa Veterinary Clinic: Yes/No Is your pet on flea/tick prevention? Yes/No

Has this pet ever shown aggression? Yes/No With animals? Yes/No With people? Yes/No

Is this pet a(n): ESCAPIST JUMPER DIGGER PROTECTIVE BITER FOOD AGGRESSIVE

OTHER _____

Brand of food: _____ Amount fed AM: _____ Noon: _____ PM: _____

Does your pet have any allergies? Yes/No (Food, skin, scent)

PLEASE EXPLAIN _____

Is your pet on any medication? Yes/No

PLEASE EXPLAIN _____

EMERGENCY CONTACT INFORMATION

*Must provide at least one NON-OWNER CONTACT that will be in the local are for each boarding reservation *

In the event of an emergency, the Misawa Pet Kennel Staff will call/email the emergency contact listed below. This person will be responsible for taking pet(s) to the nearest veterinary treatment facility if the pet(s) becomes ill/injured during their stay. They will also be responsible for bringing additional food/medications for your pet(s) (if necessary). Only emergency contacts listed will be able to drop off, pick up or visit your pet(s) while they are here. IF FOR ANY REASON THE KENNEL PERSONNEL ARE UNABLE TO CONTINUE BOARDING A PET, THE EMERGENCY CONTACT WILL BE REQUIRED TO PICK UP THE PET IMMEDIATELY FROM THE FACILITY. The owner will still be liable for any and all fees associated with the boarding reservation, up to the point that the pet leaves the facility.

1st Contact:

Last Name: _____ First Name: _____

Phone Number: _____ Email: _____

The above emergency contact has been notified.

Signature: _____ Date: _____

2nd Contact:

Last Name: _____ First Name: _____

Phone Number: _____ Email: _____

The above emergency contact has been notified.

Signature: _____ Date: _____

3rd Contact:

Last Name: _____ First Name: _____

Phone Number: _____ Email: _____

The above emergency contact has been notified.

Signature: _____ Date: _____

4th Contact:

Last Name: _____ First Name: _____

Phone Number: _____ Email: _____

The above emergency contact has been notified.

Signature: _____ Date: _____

5th Contact:

Last Name: _____ First Name: _____

Phone Number: _____ Email: _____

The above emergency contact has been notified.

Signature: _____ Date: _____

6th Contact:

Last Name: _____ First Name: _____

Phone Number: _____ Email: _____

The above emergency contact has been notified.

Signature: _____ Date: _____