



Doggyland Daycare and Sleepovers
Your Dog's Home Away From Home!
Free 30 Minute Visit! Call Today! (707) 738-6821

Doggyland Daycare and Sleepovers Guest Registration Form
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Dog's Name:

Dog's Birthday:

-still a puppy? YES or NO

Breed(s):

Gender:

Weight:

Intact or Altered?

Client's Name(s):

Client's Address:

Client's City/State/Zip:

Client's Home Phone:

Client's Cell Phone:

Client's Email Address:

Initial Contact Name:

Initial Contact Home Phone:

Initial Contact Cell Phone:

Second Contact Name:

Second Contact Home Phone:

Second Contact Cell Phone:

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Home Phone:

Emergency Contact Cell Phone:

Vet's Name:

Vet's Phone:



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Company with vaccinations records (if not the Vet):

Micro-chipped? YES or NO

Chip Company Name: Avid or _____.

Brand & Type of Flea/Tick Control Product:

-Advantage, Frontline, Sentinel, or _____.

Has your dog ever had a tic? YES or NO

-Multiple tic removal is an additional \$5.00 service fee.

How did you hear about Doggyland?

-Web? Yahoo Google Bing Craigslist Other: _____

-Referred by: _____

-Other Source: _____

FOOD:

Brand Name Kibble:

Brand Name Canned Food: (if any)

Breakfast around 9am # Cups* of Kibble:

Table Spoons* of Canned Food:

Supper around 6pm # Cups* of Kibble:

6pm # Table Spoons* of Canned Food:

*Exact Measurements

- Please leave your scoop at home. We are not responsible for any losses.

List Major Allergies:

To what _____ Symptoms _____

To what _____ Symptoms _____

To what _____ Symptoms _____



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Medications or Supplements (\$1.00 per pill administered):
-sorry, we don't do injections

Name:	Dose:	Time(s):
Name:	Dose:	Time(s):

Any Little Quirks we should know about?

Walks off-leash at the dog park? YES or NO

Need assistance in/out of a car? YES or NO

PLEASE PACK LIGHT!

- dog collar with 2 tags: name tag and a *county license, (and/or rabies tag)
*The Napa Police have ticketed dogs without a license
- \$100 Fee Payable to Doggyland (to cover our ticket)
- Dog food - well labeled with Dog's name *and* amounts fed.
- 1st visit pleaser bring a bed or blanket that smells of home - then optional

SET APPOINTMENT FOR FIRST VISIT BELOW:

Drop-off Date:	Time:	Initials:
Pick-up Date:	Time:	Initials:

FOR OFFICE USE ONLY

Date of First Visit:
Date of First Stay: