



Registration Form

Owner's Name: _____

Street Address: _____

Mailing Address: _____ Postal Code: _____

Home Phone: _____ Work: _____ Mobile: _____

Email address: _____

Dog's Name: _____

Breed: _____ Color: _____ Age: _____

Male/Female: _____ Neutered/Spayed: _____ D.O.B. _____

Weight: _____ ID Tag #: _____ Microchip/Tattoo: _____

Feeding Instructions:

Food: _____ Amount: _____

Medical Instructions:

Medicine: _____ Dosage: _____

Other Instructions: _____

Veterinarian's Name: _____

Address: _____

Phone #: _____

Vaccinations (please check all that apply)

Distemper/Parvo Series- Due date: _____ Rabies- Due date: _____

Kennel Cough (Bordetella)- Due date: _____

Level of Care:

Should any pet become ill or need medical attention and the staff at Dee's Kennels is unable to reach you, we reserve the right to administer aid and to render care by your local veterinarian, if available. Any expenses incurred, shall be paid in full or other arrangements satisfactory to Dee's Kennels have been made.

Signed: _____ Date: _____