



K9 PLAYLAND
RESORT

Pet Registration

Phone: 704.525.9778
K9playland@yahoo.com
K9playland.com

2139 S. Tryon St.
Charlotte, NC

Owners' Names: _____

Email: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact (Other than self): Name: _____ Number: _____

Emergency Contact (Other than self) : Name: _____ Number: _____

(All dogs 8 months or older must be spayed or neutered to attend K9 Playland)

Dog's Name: _____ Sex: M F Spayed/Neutered: Yes No

(if no, when will procedure be done?) : _____

Breed: _____ Color/Markings: _____

Birthday: _____

2nd Dog's Name: _____ Sex: M F Spayed/Neutered: Yes No

(If no...) : _____

Breed: _____ Color/Markings: _____

Birthday: _____

3rd Dog's Name: _____ Sex: M F Spayed/Neutered: Yes No

(If no...) : _____

Breed: _____ Color/Markings: _____

Birthday: _____

Has your dog(s) ever attended a boarding or daycare facility? Yes No

If yes, where: _____

How did you hear about us: _____

Pet Registration



Health Information:

Has your dog been ill or diagnosed with any diseases within the past month? Yes No

If yes, please describe:

Does your dog have any known allergies, medical problems, or restrictions:

Is your dog currently up to date on the following vaccines?

Rabies: _____ Bordatella: _____ DHLLP:

Dog Behavior:

Has your dog ever bitten or been bitten: Yes No

If yes, Please describe:

Can your dog jump a 6 foot fence: Yes No

If yes, please describe:

Does your dog have any behavior issues such as chewing, separation anxiety, or

dominance displays: Yes No

If yes, please describe:

Where does your dog like/not like to be touched:

Anything else we should know:



Name of Animal hospital: _____ Name of Veterinarian:

During my absence, K9 Playland will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and I (owner) will be responsible for payment to you (veterinarian) upon my return.

I, _____, give K9 Playland permission to transport my pet(s) to Long Animal Hospital or any other veterinarian of their choice in the event of an emergency, or situation deemed necessary for medical treatment for the safety of the pet, and hereby agree to release K9 Playland of all liability related to the transportation to and from the veterinarian.

I, _____, have entered the above information as truthfully and accurately as possible and agree to all the terms of our policies and procedures, as well as to K9 Playland's policy on emergency Veterinarian visits when the client is unreachable as well as the emergency contact, or the emergency contact cannot make a decision on the dog's behalf.

Signature

Date

Client