



6908 82 Ave Edmonton, AB Phone: 780-757-2971

Guardian's Information

Guardian's Name: _____ Address: _____

City: _____ Postal Code: _____ Phone Number H C W: _____

Phone Number H C W: _____ E-Mail Address: _____

Emergency Contact (other than yourself)

Name: _____ Phone Number H C W: _____

Name: _____ Phone Number H C W: _____

Additional Persons Besides Ones Listed Above Authorized to Pick Up Your Dog

Full Name: _____ Full Name: _____

Full Name: _____ Full Name: _____

Pet Information

Name: _____ Breed: _____ DOB/Age: _____ M / F Spayed / Neutered

Name: _____ Breed: _____ DOB/Age: _____ M / F Spayed / Neutered

Name: _____ Breed: _____ DOB/Age: _____ M / F Spayed / Neutered

Veterinarian Information

Clinic Name: _____ City: _____ Phone: _____

General Information

Where did you get your dog: _____ How old was your dog when you got him/her: _____

If adopted do you have any knowledge of his/her past history? If yes please describe: _____

Does your dog have hip/joint physical problems we should be aware of? _____

Does your dog have any fears or behavioral concerns that the facility needs to be aware of? (I.e. Anxiety, resource guarding, possessiveness, destructive behaviour etc.) Please explain: _____

I, CLIENT NAME HERE, give my consent to Little Paws Inn owners and staff, to contact my veterinarian clinic, (as listed on this registration form), for information regarding vaccinations given and vaccination due dates for my dog(s) ANIMAL NAME HERE. I am the registered owner of the above named dog(s).

Signature: _____ Date: _____