

**WOW TAKE A BOW BOARDING & GROOMING, LLC**

1299 Bemis Rd., Warren, MA 01083

**Mail:** P.O. Box 1933, Warren, MA 01083  
(508) 471-0036

**Registration Form**

Admittance to programs and facilities is not permitted without a signed (1) Registration Form, (2) Agreement/Indemnification Form and (3) Proof of Required Vaccinations. This form is not modifiable.

Payment is due upon check-out unless services are for seven days or longer in which case half the estimated charges are due upon check-in.

**1. Owner Name** (must be 18 or older) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Pet Name** \_\_\_\_\_ Breed/Mix \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Weight \_\_\_\_\_ Spay/Neutered? \_\_\_\_\_

Color/Markings \_\_\_\_\_

Vet Name \_\_\_\_\_

Vet Phone \_\_\_\_\_

**3. DOGS:** Circle all that apply: (think about different scenarios: at home, pet store, vet, dog park, with neighbors or visitors...)

Happy	Confident	Calm	Fearful
Exuberant	Dominant	Relaxed	Bolts
Friendly	Barks	Tired	Dog-Aggressive
Excitable	Destructive	Climbs/Jumps	Human-Aggressive

**4. The following are very important details, please answer each question.**

a) \_\_\_\_\_ **HAS DOG EVER BITTEN A HUMAN?** If yes, Dog's age at time of bite(s) \_\_\_\_\_. Who was bitten (stranger, adult, child, etc.)? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_

b) \_\_\_\_\_ **HAS DOG EVER BITTEN A DOG?** If yes, Dog's age at time of bite(s) \_\_\_\_\_. What were the circumstances? \_\_\_\_\_

c) \_\_\_\_\_ **HAS THE DOG EVER ACTED AGGRESSIVELY?** If yes, list things that can trigger aggression: \_\_\_\_\_

d) **How does dog respond to fear?** \_\_\_\_\_

e) \_\_\_\_\_ **Has dog been trained?** If yes, age when started \_\_\_\_\_. Types of training (basic, competition, agility, tricks etc): \_\_\_\_\_

Who did the training? \_\_\_\_\_

f) \_\_\_\_\_ **Is your dog on a restricted diet?** If yes, please explain \_\_\_\_\_

**5. Initial all that apply:**

\_\_\_\_\_ The undersigned is the only owner of dog. If not, client is authorized

to make decisions for the other owners with respect to the dog.

\_\_\_\_\_ Dog is licensed and the license is current.

\_\_\_\_\_ There is no pending, past or potential future adjudication or administrative hearing pertaining to Dog or Dog Owner(s).

\_\_\_\_\_ Dog does not have to be muzzled around people or other animals.

\_\_\_\_\_ Dog is not a trained guard dog or protection dog.

## **6. REQUIRED VACCINATIONS:**

Puppies 7-12 weeks must have at least one puppy booster before attending class.

Puppies older than 4 months and adult dogs must have current Rabies vaccination and have finished their series of puppy vaccinations. Titters are recommended.

All dogs must be free from symptoms of illness including coughing, sneezing, discharge from the eyes or nose, or skin lesions, UNLESS veterinary documentation is provided which insures the illness is not contagious.

Please ask your veterinarian for a statement of vaccinations given.

### **OWNER ACKNOWLEDGEMENT:**

Owner acknowledges and agrees that, dependant on the general health of each dog and each dog's prior exposure to other animals, even a vaccinated dog can become sick while boarding or interacting with others and that all reasonable steps have been taken by Wow Take A Bow to prevent or minimize exposure to sick animals. Additionally, Owner acknowledges and agrees that he or she has fully disclosed their pet's propensity toward or history of aggressive behavior.

(please sign) \_\_\_\_\_ Date \_\_\_\_\_

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### **OFFICE USE:**

PROOF OF VACCINATION RECEIVED (copies attached). \_\_\_\_\_

INTERVIEW NOTES: \_\_\_\_\_

