

# PLAYGROUND PUPS OF NEW YORK LLC - Registration Form

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## **Owner's Information**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (Name & Number):  
\_\_\_\_\_

## **Pet's Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex \_\_\_\_\_ Spayed: \_\_\_\_\_ Neutered: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Approximate Weight: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Veterinarian's Name, Address and Phone Number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Pet's Diet**

What brand of food does your dog eat? \_\_\_\_\_

How many times a day would you like your dog fed?: \_\_\_\_\_

Will you bring your dog's food?: Yes / No

If not, what should we feed your dog?: Dry food (*Purina ProPlan Oatmeal/Brown Rice and Lamb*)  
or a Bland diet (*steamed chicken and white rice*)

## **Pet's Medical History**

Does your dog have any old or current injuries or health concerns? (please circle one): No / Yes

If yes, please explain:

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Is your dog taking any medication? (please circle one): No / Yes

If yes, please name the medication(s), the dosage and the reason(s):

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If your dog is allergic to any type of food? (please circle one): No / Yes

If yes, please describe the allergy and the reaction:

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Is your dog allergic to any medication? (please circle one): No / Yes

If yes, please list the medication(s) and describe the reaction(s):

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## **Pet's Behavior**

Have you ever boarded your pet before or has your pet attended daycare before?

No / Yes

If yes, please describe your pet's experience:

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Please give a brief description of your dog's personality:

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