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Canine Club Registration

Registration Date _____ How did you hear about us? _____

Your dog's vaccination records must accompany the application.

About You

Owner Name(s) _____ Street _____

Address _____

City _____ State _____ Zip _____ Email _____ Home _____

Number _____ Cell _____ Work _____

About Your Dog(s)

1. Dog's Name _____ Breed _____ Color/Markings _____

Male Female Neutered/Spayed Yes No Age _____ Birthday _____ Weight _____

Microchip Yes No Type & Date of Last Flea Treatment _____

Type/Brand of Food: _____ Quantity/Times per Day _____

Can your dog have treats? Yes No

What are your dog's favorite treats? _____

Does your dog have special needs, allergies or medication? _____

2. Dog's Name _____ Breed _____ Color/Markings _____

Male Female Neutered/Spayed Yes No Age _____ Birthday _____ Weight _____

Microchip Yes No Type & Date of Last Flea Treatment _____

Type/Brand of Food: _____ Quantity/Times per Day _____

Can your dog have treats? Yes No

What are your dog's favorite treats? _____

Does your dog have special needs, allergies or medication? _____

About Your Veterinarian

Please attach a copy of your dog's vaccination records to your application.

Veterinarian's Name _____ Phone Number _____

Animal Hospital Name _____ Phone Number _____

Street Address _____ City _____

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In the event you cannot be reached in an emergency, who would you like us to contact?

Name _____ Phone No. _____ Name
_____ Phone No. _____

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Has your dog had any formal training? Yes No

If yes, what commands does your dog know?

Come Stay Down Leave It Drop It
Sit Off

Other commands: _____

Circle all that describe your dog's behavior:

Playful	Separation anxiety	Toy possessive	Food possessive
Dominant	Fearful	Timid	Collar sensitive
Growls at strangers	Snaps at people	Bites People	Destroys Furniture
Destroys Toys	Enjoys other dogs	Afraid of other dogs	
Dog aggressive	Bites other animals	People aggressive	Jumps on people
Stool eater	Escape artist	Barks a lot	Runs away
Likes to fetch	Hyper	Chews	Relaxed
		Sensitive body parts	

Has your dog ever been abused? Yes No

Has your dog ever been attacked by another dog? Yes No

Has your dog ever had a seizure? Yes No

If yes, how often and how long do they last? _____

Any additional behavior information about your dog we should be aware of?

