



CHOW BELLA

Canine Social Club

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 _____

Best Number to reach you _____ Type: Cell Work Home

About Your Dog (fill out for each dog)

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 Hypoallergenic only? Yes No

What are your dog's favorite treats and/or flavors? _____

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 _____

Street Address _____ City _____

Vaccination Requirements:

Required:

Rabies

Bordetella (Kennel Cough)

Flea/Tick Prevention

DHP (Distemper)

Optional:

Influenza

Heartworm Protection

Fecal Sample

Emergency Contact Information

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

Name _____ Phone No. _____

Temperament

Has your dog had any formal training? Yes No If yes, where? _____

If yes, what commands does your dog know?

Come
Sit

Stay
Off

Down

Leave It

Drop It

Other commands: _____

Circle all that describe your dog's behavior:

Playful

Runs Away

Hyper

Toy possessive

Dominant

Separation Anxiety

Timid

Food possessive

Growls at Strangers

Fearful

Bites People

Collar sensitive

Destroys Toys

Snaps at People

Afraid of other dogs

Destroys Furniture

Dog Aggressive

Enjoys other dogs

People aggressive

Stool Eater

Bites other

Barks a lot

Jumps on people

Likes to Fetch

Animals

Chews

Relaxed

Escape Artist

Sensitive body parts

Other _____

Circle any that apply - has your dog ever been: Abused Been attacked by another Dog

Bitten another Dog Bitten a Person Attacked another Dog

If yes, can you elaborate? _____

Has your dog ever had a seizure? Yes No

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

Are they on a medication to control the seizures? _____

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

Training

Are you interested in attending training classes? Puppy Classes _____

Puppy Socialization _____ Adult Obedience _____ Other _____ No _____

Are there any behavior issues you would like to work on with your dog? (for example, basic obedience, crate training, greeting strangers) Yes No

If yes, please elaborate _____

Would you be interested in attending a private training session? Yes No