



Guest Registration

Owner Wendy Burley
Office 503-621-1217
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E-mail wendy@burleys.org

Owner Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Emergency contact name: _____ Phone: _____

Who else may pick-up your pet? _____ Phone: _____

Veterinary Clinic: _____ Phone: _____

Pet Name: _____ Breed: _____

Birth date: _____ Sex: M F Spayed/Neutered? Yes No

Weight: _____ Color/Description: _____

I will be eating my own food _____ or kennel's food: _____

I have allergies? Yes No If yes, please specify: _____

I take medications? Yes No If yes, please specify: _____

Note: Please DO NOT bring medication in plastic bags. All medications must be in containers labeled with pet name and dosage administration.

I have aggressive behaviors? Yes No (Circle below all that apply) Dogs Small Animals People

Please explain/describe: (This is for the safety for both your pet and other pets boarding at this facility)

For fun I like to: (Circle below all that apply)

Tug-of-war Fetch Wrestle Other _____

Sounds that frighten me: (Circle below all that apply)

Thunderstorm Lightning Firecrackers Others _____

I have a tendency to: (Circle below all that apply)

Dig Bark Climb fences (type of fence and height _____) Chew/Shred