



Owner Wendy Burley
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Guest Registration

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: _____

Birthdate: _____ 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-a-war Fetch Wrestle Other _____

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

Thunderstorm Lightening Firecrackers Others _____

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

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