

# Client Registration & Pet Intake Form

## TOP DOG KENNELS, LLC

3802 Clinton Street Ext, McGraw, NY 13101  
6072184052 | tdkpuppylove@gmail.com



### **Client Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Emergency Contact or Second Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Are any other people allowed to pick up your pet(s)? \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

### **Pet Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed(Y/N): \_\_\_\_\_

Veterinary Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Microchip Number: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_ DOB (If Known): \_\_\_\_\_

Does your pet have an insurance policy? If so, please detail: \_\_\_\_\_

Feeding & medication instructions: \_\_\_\_\_

Does your pet have any food allergies? If so, please detail: \_\_\_\_\_

Food aggression issues? If so, please detail: \_\_\_\_\_

Aggression issues with other animals? If so, please detail: \_\_\_\_\_

Behavior or temperament issues? If so, please detail: \_\_\_\_\_

Does your pet try to escape from enclosed areas? If so, please detail: \_\_\_\_\_

Anything else you'd like us to know? \_\_\_\_\_

### **Required Vaccines (Please Attach Copy or Email to tdkpuppylove@gmail.com)**

Rabies | Expiration Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

DPP | Expiration Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Bordetella | Expiration Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Vaccine #4 | Expiration Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Vaccine #5 | Expiration Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Additional Pet Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed(Y/N): \_\_\_\_\_

Veterinary Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Microchip Number: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_ DOB (If Known): \_\_\_\_\_

Does your pet have an insurance policy? If so, please detail: \_\_\_\_\_

Feeding & medication instructions: \_\_\_\_\_

Does your pet have any food allergies? If so, please detail: \_\_\_\_\_

Food aggression issues? If so, please detail: \_\_\_\_\_

Aggression issues with other animals? If so, please detail: \_\_\_\_\_

Behavior or temperament issues? If so, please detail: \_\_\_\_\_

Does your pet try to escape from enclosed areas? If so, please detail: \_\_\_\_\_

Anything else you'd like us to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Required Vaccines (Please Attach Copy or Email to [tdkpuppylove@gmail.com](mailto:tdkpuppylove@gmail.com))**

Rabies | Expiration Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DPP | Expiration Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Bordetella | Expiration Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Vaccine #4 | Expiration Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Vaccine #5 | Expiration Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_