



WRIGHT'S  
WAGGIN' TAILS

11240 William Penn Rd  
Imler, PA 16655  
(P) 814-239-8118

### Registration Form

Questions in this pre-evaluation cover your dogs social skills, obedience history, and medical information, which helps us understand how to provide the best possible care for your pet. Please provide as much detail as possible.

Date: \_\_\_\_\_

#### Pet Owner Information

Owner \_\_\_\_\_  
First Name MI Last Name

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

#### Pet Information

Pets Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Neutered Male Intact Male Spayed Female Intact Female

Veterinarian Name & Clinic: \_\_\_\_\_ Vet Phone: \_\_\_\_\_

Veterinarian Where Vaccinated: \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

From where did you obtain your pet? \_\_\_\_\_

1. **Required Vaccinations**- For each animal listed, please provide records with **due dates** for the following vaccines:

- Rabies (for pets 4 months of age or older)
- DHPP (Distemper/Hepatitis/Parvovirus/Para influenza)
- Bordetella (Kennel Cough)

2. **Required Preventatives** - No vet records required; Please note last date given

- Flea/Tick Preventative Date: **(If pet has fleas preventative will be given at owners expense)**

3. **Recommended Vaccinations** (Not Currently Required)

- **Canine Flu Vaccine**
- **Leptospirosis**
- **Coronavirus**