



АВАВ ХЕПИ ДОГ ДОО СКОПЈЕ
ЕДБ : 4057017536954
ЖИРО СМЕТКА: 250001003107472
ул. 1698 бр. 10 - Бардовци, Скопје
тел. +389 77 541 635 / +389 78 458 453

AVAV HAPPY DOG Hotel Registration Form

Please fill out separate forms for each pet in household

Today's Date: _____

Client Information

Owner First and Last Name: _____

Address: _____ Apt. #: _____

City: _____ ZIP/PC: _____ Phone: _____ Cell or
alternate phone: _____ Email: _____

Emergency Contact Info (friend or family): _____

Alternate person who may pick up pet from hotel: _____ Special

Password: _____

Pet Information

Name: _____ Age & Birth Date: _____

Breed: _____ Weight: _____ Male
or Female: _____ Check one: Spayed Neutered Unaltered Valid Tag or

License #: _____

Microchip or Tattoo Number: _____

Pet Health

Pet has received up-to-date immunizations

* *Please attach a photocopy of immunization record Yes No If no,

explain: _____

Name and phone number of vet: _____

Clinic Name: _____

Medical Conditions: _____

Allergies: _____

Has had flea/tick prevention: Yes No

Has had heartworm prevention: Yes No

Physical Limitations (sore back, hip dysplasia, etc.): _____

Insured? Name of Company: _____



Pet Background

Previous training: _____

Previous hotel stays (Y/N): _____

If dog, is he/she crate-trained? _____

Does pet enjoy grooming? _____

Any sensitive spots? _____

How long have you owned this pet? _____

How does your pet generally react to other animals? _____

Pet is afraid of: _____

Pet's preferred reward: _____

Favorite toys: _____

Favorite games: _____

Other notes: _____

Pet Behavioral Challenges (check all that apply): Biting, hissing or growling at people (explain reasons) _____

Aggressiveness with other animals Yes NO _____ (If yes, explain reasons) _____

Shyness _____ Jumping on people _____ Jumping over fences _____

Chewing or digging _____ Chasing small animals _____ Escaping out an open door _____

Excessive pulling on leash _____ Pulling out of leash _____ Running away _____ Other _____

Feeding

Current feeding schedule: _____

Feeding instructions (time, amount): _____

Preferred brand: _____

Treats okay? Yes No

Any brand of food/treat pet may **NOT** have? _____

Guest Stay Dates

Monday All Day am pm

Tuesday All Day am pm

Wednesday All Day am pm

Thursday All Day am pm

Friday All Day am pm

Start Date: _____ End Date: _____