

INDIGO RANCH CAGE FREE BOARDING / OREGON CANINE UNIVERSITY

15640 Airport Way, Vernonia, Oregon 97064

503-429-0806

www.indigoranch.org email: info@indigoranch.org

REGISTRATION

OWNER INFORMATION

First Name : _____

Last Name: _____

Address: _____

Unit / Apt# _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

SPOUSE / PARTNER

First Name: _____

Last Name: _____ Work Phone _____

Home Phone: _____ Email: _____

OTHER PEOPLE AUTHORIZED TO PICK UP MY DOG(S):

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

VETERINARY INFORMATION

Primary Clinic: _____

Doctor: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

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DOG #1 INFORMATION

Name : _____ Gender: Male _____ Female _____

Breed: _____

Color / Markings: _____

Weight: _____ Birthday / Approximate Age: _____

Spayed / Neutered? Yes ____ No ____ If no, surgery is scheduled for: _____

Flea & tick medication type and application date: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How well does he/she interact with other dogs?

Does he/she have any physical aversions? (i.e. doesn't like ears touched etc.)

Is there any history of biting humans / dogs? Yes _____ No _____

If yes, how many times and what situations? _____

Does he / she: Climb / jump fences? Yes _____ No _____

Dig under fences? Yes _____ No _____

Escape enclosures? Yes _____ No _____

Barge past people to escape outdoors? Yes _____ No _____

DOG #2 INFORMATION

Name : _____ Gender: Male _____ Female _____

Breed: _____

Color / Markings: _____

Weight: _____ Birthday / Approximate Age: _____

Spayed / Neutered? Yes ____ No ____ If no, surgery is scheduled for: _____

Flea & tick medication type and application date: _____
