

**INDIGO RANCH / OREGON CANINE UNIVERSITY - REGISTRATION**

15640 Airport Way, Vernonia, Oregon 97064

503-429-0806

www.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: \_\_\_\_\_

**INDIGO RANCH / OREGON CANINE UNIVERSITY - REGISTRATION**

**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: \_\_\_\_\_

\_\_\_\_\_

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**DOG #2 INFORMATION - continued**

**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 \_\_\_\_\_

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