

# Dog Registration

Please complete all the applicable information for your pet and return form to the Front Desk

## Pet #1 Information

Name of Pet: \_\_\_\_\_ Pet Type/Breed: \_\_\_\_\_

Age of Pet: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

## Pet #2 Information

Name of Pet: \_\_\_\_\_ Pet Type/Breed: \_\_\_\_\_

Age of Pet: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

## Owner Information

Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Veterinarian Information

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Does your pet have any medical conditions or needs that the hotel staff should be aware of?

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