



The Village Pup Registration

The Village Pup
78023 Calle Estado
La Quinta, CA 92253

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www.thevillagepup.net

For the safety of all the pups and staff at The Village Pup, all the information I have provided is the most current and up-to-date.

Parent Information:

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ 2nd Phone: _____

Email: _____

Referred by: _____

Emergency Contact: _____ Phone: _____

Pup Information:

Pup Name: _____ Breed: _____

Pup Color(s) / Markings: _____

Gender: Male Female Neutered/Spayed? Y/N Date of Birth: _____ Age: _____

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Pup Name: _____ Breed: _____

Pup Color(s) / Markings: _____

Gender: Male Female Neutered/Spayed? Y/N Date of Birth: _____ Age: _____

Pup Health:

Vet Clinic _____ Phone: _____

Any Allergies or Medical Conditions? If so, please describe: _____

To the best of your knowledge, is your dog up-to-date on the following:

Distemper/Parvo: Y / N Rabies: Y / N Bordatella/Kennel Cough: Y / N

Pup Behavior:

Please list any behavior issues your dog has exhibited in the past or present (including incidents of biting or growling at another dog or person) when they occurred and what was done to remedy the situation: _____

Has your dog been socialized (dog park, day care, neighbor's dog, etc)? Y / N

Signature: _____ Date: _____