

MEMBERSHIP ~ REGISTRATION

This form should be completed by individuals seeking membership to Bow Wow Garden's Preferential Customer Association. Each member must inform BWG of any changes to the content of this application. We ask that each question be answered in a clear and informative so that we can thoroughly control the health and minimise the stress of each member's pet, as well as to enable us to easily communicate with the owner in the event of any emergency. In addition, it is understood that by completing this registration, BWG's fundamental conditions that (1) the pet is neither sick nor injured at the time of check-in and (2) the pet has been inoculated against all infectious diseases have been met by the owner and that the owner has read, understood and agreed to the rules and conditions listed in "Things To Know Before You Register Your Pet."

At each registration, a check-in card must be filled out so that we can confirm the pet's condition at that time. Please be sure to allow sufficient time to fill out the card each time your pet is checked in.

FUNDAMENTAL ~ INFORMATION

1. Name of Pet:
2. Species:
3. Sex:
4. Birth Date (D/M/Y): / /
5. Present Age:
6. Present Weight:
7. Spayed/Neutered: _____(Yr.) _____(Mo.) / Haven't had such operation.
8. Training Experience
9. Record of Disease (Yr./Mo.)
10. Record of Injury (Yr./Mo.)

OWNER~ INFORMATION

1. Full Name:
2. Date of Birth(D/M/Y): / /
3. Occupation:
4. Present Address:
5. TEL/FAX/E-mail, etc.:
6. Permanent Address :
7. Evidence of Residence (Passport, Alien Registration, etc.):
8. Referred by :
9. Any remaining information you would like us to keep in mind.

MEAL~ INFORMATION

1. What time(s) do you normally feed your pet?
2. Contents of meal(s)
3. Quantity of each meal(approximate ounces or grams)
4. Please put an "A" on dishes that are favorable and a "B" on those that are unfavorable. Please note that all meats mentioned should be considered as lean. Also if

you feed your pet only a particular product, please refer to "Particular Meal" below.

Beef ____ / Pork ____ / Chicken ____ / Fish ____ / Pig Gristle ____ /

Chicken Gristle ____ / Liver ____ / Cabbage ____ / Carrots ____ / Beans ____ /

Yams ____ / Potatoes ____ / Corn ____ / Rice ____ / Bread ____ / Milk ____

*Other Dishes That Are Favorable

*Other Dishes That Are Unfavorable

*Particular Meals

5. Any additional information you would like us to have concerning meals and feeding.

INFORMATION ON WALKS, TOILET HABITS, SLEEP, ETC.

1. How has your pet been trained to go to the toilet?

- In the house using a pet toilet.
- Outside while on a walk.
- Either inside or outside the house, depending on weather, etc.
- Other ()

2. Anything you would like us to know on your pet's toilet habits.

3. Do stool conditions change often?

4. Do you give your pet human medicine for any such intestinal problems?

5. Do you walk your pet everyday?

6. If yes, for how long, how far and in what type of surroundings?

7. If you would not like us to walk your pet, please check

8. Any information you would like us to have concerning walking your pet, including things you would like us to avoid.

9. Where does your pet normally sleep at home?

10. When your pet sleeps, the lights are:

Completely shut off.

Just dimmed.

Never turned off.

Other ()

11. Favorite Toy(s)

12. Do you drive with your pet in the vehicle?

If so, has your pet ever experienced car sickness?

13. Have you ever checked your pet into a pet hotel?

14. Has your pet ever threatened, attacked or bitten a human?

15. Has your pet ever fought with other pets?

If so, under what circumstances or conditions have such fights occurred?

16. Is there a veterinarian / veterinary clinic with which you regularly consult?

Name of Hospital:

Veterinarian:

TEL:

Address:

17. If there are any additional comments concerning your pet's health, habits, characteristics, family, etc., that we have not covered, please write them here, along with any warnings or anxieties that you may have.

Date: _____ Signature: _____