



# Southwood Springs K9, LLC Pet Registration Information

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Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Sex:  M  F Neutered/Spayed:  Yes  No

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_

Vaccinations:  Please attach vet records

Date of last vaccination:

Rabies \_\_\_\_\_ Bordatella \_\_\_\_\_ Corona \_\_\_\_\_

Distemper \_\_\_\_\_ Parvo-virus \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any Medical Conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate any person, type of dog or situation your dog seems to have a problem with: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever growled at or bit another person or dog?  Yes  No

If yes, what were the circumstances: \_\_\_\_\_

\_\_\_\_\_

Will your dog readily share toys with other dogs?  Yes  No

Has your dog ever jumped a fence or barrier?  Yes  No

If yes, please describe: \_\_\_\_\_

Has your dog ever socialized with a large group of dogs? (8 or more)  Yes  No

Please describe: \_\_\_\_\_

\_\_\_\_\_

Any restrictions that should be placed on your dog's activities?  Yes  No

If yes, please explain: \_\_\_\_\_

Please share anything else we should know about your dog: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Owner or agent of pet

\_\_\_\_\_  
Date