

Oregon Canine University  
Vernonia Campus  
[www.oregoncanineuniversity.org](http://www.oregoncanineuniversity.org)  
15640 Airport Way – Vernonia, Oregon 97064  
(ph) 503-429-0806 – (fax) 503-429-0870

## 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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Other People Authorized To Pick Up My Dog(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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### VETERINARY INFORMATION

Primary Clinic: \_\_\_\_\_ Doctor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## DOG INFORMATION

Name: \_\_\_\_\_ Gender:  Female  Male

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 below 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, please advise # of times and situations: \_\_\_\_\_

Does he/she: **Climb/jump fences?**  Yes  No      **Dig under fences?**  Yes  No  
**Escape enclosures?**  Yes  No      **Barge past people to escape out doors?**  Yes  No

Name: \_\_\_\_\_ Gender:  Female  Male

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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