

Oregon Canine University (OCU at Indigo Ranch)
Vernonia Campus
www.oregoncanineuniversity.org
15640 Airport Way – Vernonia, Oregon 97064
(ph) 503-429-0806

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: _____

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: _____

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: _____

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