



BOARDING / GROOMING PET INFORMATION

OWNER'S INFORMATION:

Owner's Name(s): _____ Email Address: _____

Phone: (Home) _____ (Mobile) _____ (Work) _____

Address/City/State/Zip: _____

PET INFORMATION:

Name: _____ Breed: _____ Sex: F / M

Color: _____ DOB: _____ Spayed/Neutered: Y / N

Current Vaccinations: By signing this contract, owners verify their pets are current on all vaccinations.

WRITTEN Veterinary Proof of Vaccination is required by the State of Missouri to be kept on file at the kennel facility.

Dog Weight: _____ Feed Type: _____ Full Feed: Measured Feed:

Qty (in Measuring Cups): _____ AM / PM or Qty in **Customer supplied cups**: _____ AM / PM

Medications / Dosages: _____

Diseases / Medical Notes: _____

Special Instructions:

Does dog get along with other dogs: Y / N Has dog ever bitten anyone? Y / N

Would you like the dog to socialize with other dogs while at our kennel? Y / N

(NOTE: Not every situation is predictable and every effort will be made to ensure safety when dogs are playing together. Dogs are NEVER left unsupervised during socialization. If a dog is older than six months of age, then the dog must be spayed/neutered otherwise they will not be able to participate in group play.)

EMERGENCY CONTACT:

Name: _____

Phone: _____ Email: _____

VETERINARIAN INFORMATION:

Name: _____

Email: _____ Phone: _____

***EMERGENCIES:** In the event of an emergency or medical problem you or your emergency contact person listed will be contacted first. If we cannot reach either, we will call/or take the dog to your veterinarian. If your veterinarian is not available, we will use our veterinarian on call. You will be responsible for any fee incurred.

GROOMING INFO

Has your pet ever been professionally groomed? **YES / NO**

Is it ok to shave big mats that are painful to brush out? **YES / NO**

Is it ok to go shorter all over due to matting? **YES / NO**

Do you authorize use or feel your pet may benefit from calming supplements? **YES / NO**

Special Grooming Instructions:
