

# KENNEL CARE CLIENT INFORMATION

## Responsible Party:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D/L# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Emergency # \_\_\_\_\_ Email Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Referred By \_\_\_\_\_ Regular Veterinarian \_\_\_\_\_

## Spouse Information:-

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Employer \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Pet Information

Pet's Name _____	Pet's Name _____	Pet's Name _____
DOB ___/___/___	DOB ___/___/___	DOB ___/___/___
Breed _____	Breed _____	Breed _____
Color _____	Color _____	Color _____
Allergies _____	Allergies _____	Allergies _____
Existing Conditions Y N	Existing Conditions Y N	Existing Conditions Y N
_____	_____	_____
Dog            Cat	Dog            Cat	Dog            Cat
Female Spayed? Y N	Female Spayed? Y N	Female Spayed? Y N
Male Neutered? Y N	Male Neutered? Y N	Male Neutered? Y N

Hospital staff is not on premises 24 hours a day. All pets are required to have a flea and tick treatment when admitted for boarding. The cost is \$10-\$18.50 per pet, depending on the size. Current vaccines are also required when boarding your pet: *Dogs*: Distemper combo, Rabies & Bordetella. *Cats*: Distemper combo and Rabies. These vaccines will need to be verified by your licensed veterinarian, via receipt or phone. All fees are due when services are rendered. There is a returned check fee of \$20, and we reserve the right to refuse checks thereafter. Should an account become past due by 90 days, the account will be sent to collections. As the client, you will be responsible for any fees incurred in the collection process. There will be a \$50.00 fee for all surgeries cancelled with less than 24 hours notice. In signing, I agree to the policies listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_