

Dog/Cat Boarding Registration Form

Owner Information:

Your name: _____

Address: _____

Phone number: _____ cell / home

Email: _____

Is it ok to email or text? Y /N

Emergency Contact

We will always try to contact you, the pet owner, first, but in case of emergency, if you cannot be reached, please provide the information of an emergency contact for your pet. You may leave more than one. Please make sure the contact is over the age of 18, within the continental United States, reachable by telephone and authorized to make decisions for your pet during its stay. Please inform the emergency contact of your wishes regarding decision making for your pet. You may choose to only provide your own number as an emergency contact, please make sure you will be consistently reachable during your pets stay with us.

Name: _____

Number: _____ Relationship: _____

Name: _____

Number: _____ Relationship: _____

Veterinarian Information

Clinic name: _____ Phone Number: _____

Preferred Veterinarian name (if known):

Please attach copies of your pet's vaccination records to this registration form

Does anyone else have the authority to pick up your pet from his or her boarding stay?

Name: _____ Relationship: _____

Pet Information

Name: _____ Age (or best guess) _____

Sex: _____ Spayed or Neutered? Y / N Breed (or best guess) _____

Is your dog a jumper, climber or escape artist? Y / N

Does your dog have any food allergies? Y / N If yes, please explain _____

Physical limitations / medical problems your dog has _____

Is your dog on any medications? _____

Does your dog have any current injuries or incisions / sutures / staples? Please explain if yes: _____

Is your dog frightened of any types of noises? Y / N

Does your dog dislike any specific type of people? Y / N

Does your dog dislike other dogs? Y / N

Is your dog TOY or FOOD aggressive? Y / N

Has your dog ever bitten another person or animal? Y / N

If yes to any of the above, please explain: _____

Does your dog have any special commands? _____

Have you supplied your own food? Y / N Brand: _____

How much and how often do you feed? _____

I certify that the information I have provided in this registration is true and that Kerry's Kennel and their staff can rely on the accuracy of said information.

Owners signature _____ Date _____

Pet Information (#2)

Name: _____ Age (or best guess)

Sex: _____ Spayed or Neutered? Y / N Breed (or best guess) _____

Is your dog a jumper, climber or escape artist? Y / N

Does your dog have any food allergies? Y / N If yes, please explain _____

Physical limitations / medical problems your dog has _____

Is your dog on any medications? _____

Does your dog have any current injuries or incisions / sutures / staples? Please explain if yes: _____

Is your dog frightened of any types of noises? Y / N

Does your dog dislike any specific type of people? Y / N

Does your dog dislike other dogs? Y / N

Is your dog TOY or FOOD aggressive? Y / N

Has your dog ever bitten another person or animal? Y / N

If yes to any of the above, please explain: _____

Does your dog have any special commands? _____

Pet Information (#3)

Name: _____ Age (or best guess)

Sex: _____ Spayed or Neutered? Y / N Breed (or best guess) _____

Is your dog a jumper, climber or escape artist? Y / N

Does your dog have any food allergies? Y / N If yes, please explain _____

Physical limitations / medical problems your dog has _____

Is your dog on any medications? _____

Does your dog have any current injuries or incisions / sutures / staples? Please explain if yes: _____

Is your dog frightened of any types of noises? Y / N

Does your dog dislike any specific type of people? Y / N

Does your dog dislike other dogs? Y / N

Is your dog TOY or FOOD aggressive? Y / N

Has your dog ever bitten another person or animal? Y / N

If yes to any of the above, please explain: _____

Does your dog have any special commands? _____

If you need more room for pets, please attach additional sheets. Also, please attach copies of your vet records for proof of vaccination. It is state law that we have proof of vaccination on file. Thank you!