

# DogWorks – Boarding Contract

6645 Cherry Street  
Victor, New York 14564

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Owners Name: \_\_\_\_\_ Date \_\_\_\_\_

Additional Family Members \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

## Canine Information:

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

D.O.B. / / Gender: Male \_\_\_ Female \_\_\_ Neutered/Spayed Yes \_\_\_ No \_\_\_

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Additional dogs in home? Yes \_\_\_ No \_\_\_ If yes, please provide information below

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

D.O.B. / / Gender: Male \_\_\_ Female \_\_\_ Neutered/Spayed Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

D.O.B. / / Breed \_\_\_\_\_ Color \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

D.O.B. / / Breed \_\_\_\_\_ Color \_\_\_\_\_

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## Reason for Visit (check all that apply)

Boarding  Obedience Training-leash  Obedience Training  Behavioral Modification  Aggression Issues

Retriever/Flusher Training  Pointing Dog Training  Social Behavior

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ ZipCode \_\_\_\_\_ Thank You for Your Business: Quality, Service and Results are  
DogWorks Professional Specialties!

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Statement of Work for [Client Name] ■ [Date]

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