

OWNER INFO		Date:	
Client Name:	E-mail:		
Cell phone	Other Parent		
Address	City	Postal Cod	le
PET INFO			
Dog's Name:	Breed:	M/F	Spay/Neut.
birthdate	Vet/ Clinic		
Health issues/ medications:			
Behavior Issues/ special nee	eds:		
Does your dog have food all	ergies?		
PLEASE ANSWER THE FOLLO			
	other dogs? No, Yes- please explain:		
	ve with people? NO, YES- Please explain:		
	he is in a kennel? (circle one) Stressed, OK, oth		
What is your dogs exercise i	routine?		
Is your dog allowed to be wa	alked off leash on an unfenced portion of the pr	operty while in our care? Y	//N Intl
In the event of an injury, do	you authorize KCA to take your dog to your vet	at the owner's expense?	Y/N Intl
Kootenay Canine Adventure	s is not responsible for lost or damaged toys, be	edding or any other Items.	Intl
You have provided KCA with	a copy of up to date vaccine information Intl_		
	ad the above questions and hereby state that the in good health without illness or injury upon ac		
Owner Signature:	Date:		