

<u>OWNER INFO</u>			
Client Name:	E-mail:		
Cell Phone:	Other Parent		
Address	City	CityPostal Code	
PET INFO			
Dog's Name:	Breed:	M/F	Spay/Neut.
birthdate	Approx Weight	Vet/ Clinic	
Health issues/ medication	าร:		
Behavior Issues/ special r	needs:		
Does your dog have food	allergies?		
Feeding instructions:			
PLEASE ANSWER THE FOI	LOWING QUESTIONS		
Is your dog possessive of	toys/sticks Y/N		
Is your dog aggressive wi	th other dogs? Y/N- please explain:		
Has your dog been aggre	ssive with people? Y/N Please explain:		
How does dog react when	n she is in a boarding facility		
What is your dogs socialized	zation & exercise routine?		
Is your dog allowed to be	walked off leash on an unfenced por	tion of the property while in our c	are? Y/N Intl
In the event of an injury,	do you authorize KCA to take your do	g to a local vet at the owner's exp	ense? Y/N Intl
In the event of an after-h	ours emergency, are you prepared to	pay the minimum \$450.00 emerg	ency fee Y/N
What is the monetary lim	it available to spend in the event of a	visit to the vet? U/L or \$	
Kootenay Canine Advent	ures is not responsible for lost or dam	aged toys, bedding, or any other I	tems. Intl
Is there anything else we	should know?		
Emorgonou Contact This	person must be local and available to	nick up your dogs within 20 minu	toc
			103.
Name	Phone number		

Please Read & Sign: I have read the above questions & hereby state that the answers are true and correct. I also acknowledge that my dog is in good health without illness or injury upon acceptance to our boarding facility.

Owner Signature: _____ Date: _____