

OWNER INFO				
Client Name:	E-mail:			
Cell Phone:	Other Parent			
Address	City	F	Postal Code	
PET INFO				
Dog's Name:	Breed:	M,	/F Spay/Neut.	
birthdate	Approx Weight	Vet/ Clinic		
Health issues/ medications:				
Behavior Issues/ special needs:				
Does your dog have food allergies	?			
Feeding instructions:				
PLEASE ANSWER THE FOLLOWING	QUESTIONS			
Is your dog possessive of toys/sticl	ks Y/N			
Is your dog aggressive with other of				
Has your dog been aggressive with				
How does dog react when she is ir	a boarding facility			
What is your dogs socialization & e	exercise routine?			
Is your dog allowed to be walked o	off leash on an unfenced porti	on of the property while in	our care? Y/N Intl	
In the event of an injury, do you a	uthorize KCA to take your dog	to a local vet at the owner	's expense? Y/N Intl	
In the event of an after-hours eme	ergency, are you prepared to p	ay the minimum \$450.00 ϵ	emergency fee Y/N	
What is the monetary limit availab	le to spend in the event of a v	isit to the vet? U/L or \$		
Kootenay Canine Adventures is no	t responsible for lost or dama	ged toys, bedding, or any o	other Items. Intl	
Is there anything else we should k	now?			
Emergency Contact- This person n	nust be local and available to p	oick up your dogs within 20	minutes.	
Name	Phone number			
Please Read & Sign: I have read th	e above questions & hereby st	tate that the answers are to	rue and correct. I also	
acknowledge that my dog is in goo				
Owner Signature:	Da	ate:		