

# Greenridge Kennels, LLC

*Boarding Client Information Record*

Date: \_\_\_\_\_

## **Pet Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact (Name and Phone)\*: \_\_\_\_\_

**\*Must be different than listed owner.**

Other Person(s) Authorized To Pick Up Pet(s):

*(Pets will not be released to anyone other than the owner listed above without specific permission)*

Name and Phone 1) \_\_\_\_\_

2) \_\_\_\_\_

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

## **Pet Information:**

Name: \_\_\_\_\_ Species (dog, cat, etc.): \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed: Y / N

Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Flea/Tick Preventative (Type and Date): \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Temperment: \_\_\_\_\_

Destructive Chewer: Y / N Previously Abused: Y / N

**Greenridge Kennels, LLC**  
6201 Greenridge Spa Rd. • Lewisburg, KY 42256  
**Phone:** Whitney - (641) 204-1044 • Doug – (270) 893-0066  
**Email:** [whitney@greenridgekennels.com](mailto:whitney@greenridgekennels.com)  
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Major Surgery / Illness (Type and Date): \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Fear of Loud Noises (Thunder, Fireworks, Gunshots): Y / N

**Has This Pet Ever Attacked Any Person Or Other Animal: Y / N**

**If YES, explain:** \_\_\_\_\_

Current Medications: Name(s): \_\_\_\_\_

Quantity Per Dose: \_\_\_\_\_ Number of Doses Daily: \_\_\_\_\_

Other Special Needs/Comments/Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Feeding Instructions:**

Brand of Food: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often: \_\_\_\_\_

Preferred Feeding Time (morning, afternoon, etc.): \_\_\_\_\_

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