



273 Derry Rd, Bldg #2 Litchfield, NH 03052 Phone #: 603-882-7800 Fax #: 603-882-7855

Kenneling and Daycare Enrollment Form

Kenneling: Drop off Date & Time: _____ Pickup Date & Time _____
Owner's Name: _____
Address: _____
City/State/Zip: _____
Home Phone _____ Work Phone: _____
Cell Phone: _____ Other Phone: _____
Email: _____
Emergency Contact: Name: _____ Phone: _____

All pets need to wear a collar when they come in.

Pets Information: Proof of a clean fecal, Rabies and Distemper must be provided.

When kenneling- Please do not bring bowls for feeding.

Pet(s) Name: _____ Breed: _____
Color/Markings: _____ Age: _____
Sex: _____ Spayed/Neutered: Yes _____ No _____
Veterinarian: _____ Vet Phone #: _____

Feeding Instructions: (please label all food and treats with pet's name)

Please Advise us of your pet's behavior while feeding: _____
Food Brand and Type: _____
Dry Food (if applicable)
(AM) Serving Amount: _____ (PM) Serving Amount: _____ OR Self Feeding Amount: _____
Canned/Wet Food (if applicable)
(AM) Serving Amount: _____ (PM) Serving Amount: _____ OR Self Feeding Amount: _____
Treats provided and when to give: _____

Please label ALL toys, blankets, etc with your pet's name that are dropped off with your pet for their stay with us.



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MEDICAL INFORMATION: (If more than 1 dog, please note each with instructions)

Medication required during stay: Yes _____ No: _____

Kind: _____ Disbursement Instructions: _____

Kind: _____ Disbursement Instructions: _____

Medical Conditions or Allergies/ **Food Allergies or sensitivities** we need to be aware of: Yes _____ No: _____

If yes, please explain: _____

Does your dog climb fences: Yes _____ No: _____

If so, can your dog climb/jump a six foot fence: Yes _____ No: _____

If yes please explain: _____

Do you use a flea and tick product: Yes _____ No: _____ Brand: _____

Please describe your dog's temperament: _____

Please describe any behavioral problems that we need to be aware of: _____

Please list any additional special information required for your pet: _____

To whom may we thank for your referral: _____

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