



FITZPATRICK KENNELS

PET APPLICATION FORM

OWNER INFORMATION

Owner Name _____

Spouse Name _____

Address _____ Postal Code _____

Home Phone _____

Work Phone _____

Cellular _____

Spouse Cellular _____ Work Phone _____

Email _____

****Which number is best to reach you at**** _____

EMERGENCY CONTACT

Person to contact if you or your spouse cannot be reached; this person is also able to make emergency decisions and/or pick up.

Emergency contact _____

Relationship to you _____

Address _____

Home Phone _____ Work Phone _____

Cellular _____

AUTHORIZED PERSON(S) TO PICK UP YOUR PET

Name_____ Phone_____

Name_____ Phone_____

VETERINARY INFORMATION

Veterinarians name_____

Hospital or Clinic

Name_____

Address_____

Phone_____

After hours/emergency phone _____

Maximum amount of money to spend in case of emergency and we cannot reach you? \$_____

PET INFORMATION

Pet Name_____

Canine ☐ Feline ☐

Pet Birthday _____

Breed _____ Sex _____ Age _____

Neutered/Spayed Yes ☐ No ☐ Weight _____

Colours/Markings _____

License# _____ Tattoo _____ Microchip _____

VACCINATIONS (EXPIRY DATE)

Do you use flea/tick treatment? (if so which kind) _____

*Please attach a copy of their vaccine records; for dogs (Bordetella and DA2PP) For cats FVRCP**

GENERAL

How long have you owned your pet _____

Have you owned your pet since they were a puppy/kitten? Yes ☐ No ☐

If no, do you have good knowledge of your pets prior history? Please explain:

Has your pet been to a daycare/boarding facility? Yes ☐ No ☐

If yes, explain any problems/concerns associated with the use of such facility:

How often did your pet attend the facility? _____

What do you do with your pet when you're not home?

May we use your pets photo on our social media? Yes ☐ No ☐

BEHAVIOURAL

How would you explain the personality of your pet? _____

Does your dog/cat play well with others? Yes ☐ No ☐ If no please explain:

Have you visited off leash parks? Yes ☐ No ☐

Any issues in that environment? _____

Has your pet ever shown aggression towards people? Yes ☐ No ☐

If yes please explain: _____

Has your pet bitten a person hard enough to break the skin? Explain the circumstances and cause (if known) _____

Has your pet ever been involved in an altercation with another pet? Yes ☐ No ☐

Do you know what caused the altercation? _____

What was the outcome? Were the injuries sustained to either pet?

Is there anything specific that sets your pet “off” or that makes them upset?

Has your pet ever reacted negatively when someone took away food or toys?
If yes please explain: _____

FEEDING/ALLERGIES/MEDICATIONS *WE DON'T DO INJECTIONS*

Please provide your pets feeding times and portion amounts (ie; cup size):

Please provide an ample amount of your pets food in a sealed container

Does your pet have any specific dietary restrictions (ie; low calorie, allergies to food/treats) :

Is your pet allowed snacks/treats Yes ☐ No ☐

Does your dog have any allergies/sensitivities? (ie; bee stings, bug bites, weeds, grasses, pollen) that we should know about?

Does your pet need to be given any medications, if yes please explain (time of day, dosage, application method):

Has your dog been sick recently? If yes please explain

FACILITY/ACTIVITY LEVEL/TRAINING

Is your pet comfortable on leash? Yes ☐ No ☐

Is your pet known to be an escape artist? Yes ☐ No ☐

If yes please explain (ie; scaled fence, dug under, or able to open latches) :

Does your pet have any problems In the following areas (please check all that apply)

Barking ☐ House training ☐ Digging ☐

Chewing/Destructiveness ☐ Separation anxiety ☐

Jumping/ Climbing ☐

Does your pet have difficulty seeing or hearing? Yes ☐ No ☐

If yes please explain _____

Describe your pets activity level and/or any restrictions that should be placed upon your pets activity: _____

Is your pet easily scared by anything? (ie; noises, actions, smells, or certain objects) : _____

Is there any particular type of person your pet tends to dislike or fear? (ie; gender, children or people in uniform): _____

Has your pet ever had any formal obedience training? Yes ☐ No ☐

Whether formally trained or not, what commands does your pet understand?

Does your pet have a release word? _____

PLAY TIME FUN

What is your pet's favourite thing to do? _____

Where is your pet's favourite place to be scratched or pet? _____

What does your pet do to show they are happy? _____

What kind of toys does your pet like?

What type/size of dog(s) does your dog like to play with? _____

Does your dog like to play in the water/sprinkler? Yes ☐ No ☐

Is it permissible for your dog to have playtime access to water park/sprinkler as they may be dirty/muddy when entering your vehicle upon pickup?

Yes ☐ No ☐

Any additional information that you feel would enhance your pets stay?

How did you hear about Fitzpatrick Kennels?

Note **we use these answers to gauge socialization skills and make your pets stay as fun as possible. These answers will also help keep our other guests and staff members safe**

VETERINARY INSTRUCTIONS AND RELEASE FORM

Owners Full name: _____

Address: _____ Postal code: _____

Phone: _____ Cell Phone: _____

Emergency Contact name: _____

Emergency contact telephone: _____

Pet name: _____

Description: _____ Age: _____

Medical conditions/medication: _____

If any of the pets named above becomes ill or is injured, I request that a representative of Fitzpatrick Kennels take the pet(s) to:

Veterinary Office name: _____

Address: _____

Phone number: _____

Alternate Veterinary office name: _____

Fitzpatrick Kennels and its representatives are released from all liability related to any prior medical condition my pet(s) had/has that would cause them to get easily injured or ill.

I give permission to my pet caregiver at Fitzpatrick Kennels to transport my pet(s) to and from the veterinary clinic to seek treatment for any of my pet listed above and to approve treatment for fees and charges up to \$ _____

I give permission for the veterinarian to administer care and/or medications.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to above stated amount.

If neither of the veterinary offices named above is available, I authorize my pet caregiver to take my pet to another veterinary office for treatment. I understand that the care giver cannot be held responsible for the results of the veterinary treatment or the loss of my dog.

This agreement is valid starting the date below.

Owner Signature _____ Date: _____

Owners name: (please print) _____

FITZPATRICK KENNELS CONSENT FORM

Arrival and departure:

On your scheduled day of arrival/departure our lobby is open 7am-6pm; 7 days a week including holidays. If you are picking up or dropping off close to opening or closing, you need to make sure our staff are aware of a potential early drop off/late pickup so we can have staff accommodating you. Pickup after 12pm for boarding is \$15 per first pet, and \$10 per additional pets. After hours checkout 6pm-7pm is \$7 per pet.

Personal Items:

Please DO NOT bring items with your pet that are valuable or irreplaceable, as Fitzpatrick Kennels will not be held responsible for possible loss or damage to any personal item or toys left with your pet.

Emergencies:

In the event of an emergency if time and resources allow, we will try and call your before we take your pet to the vet. However, it is imperative that we have accurate emergency contact information and owner information.

While we do take reactive dogs at Fitzpatrick Kennels, we do every preventative measure to make sure dogs who do not mix well are not mixed. However regardless of a dog's temperament there is always risk of a fight. Every dog is capable of biting. It is also a possibility for a puncture wound to happen while your pet is playing. We do our best to find any injuries based on many factors. There is always supervision when play time is happening, however some dogs play rough and do not show any notable changes. Sometimes dogs carry on normally and do not show any warning signs of potential injury.

If we do notice an injury and it is not life threatening, we will make a judgement call based on our knowledge and the information you have given us. Any additional information you give us is always helpful. We will call owners to inform an injury if one occurs.

Fitzpatrick Kennels agrees to exercise due and responsible care to keep the premises sanitary and properly enclosed. Your pet will have access to fresh water, be housed and fed in safe and clean kennels for both meals and sleeping.

The services we provide are done so without liability for loss or damage from disease, death, running away, theft or fire, and from injury by your pet to people, other animals or property, or other unavoidable causes, due diligence and care are always exercised.

Fitzpatrick Kennels and its personnel will not be held responsible for injuries occur by, but not limited to; fights, wildlife (ie; spiders, snakes, owls, coyotes) and plants (ie; spear grass, cacti) However we always try to prevent any of these risks to the best we can.

As all pets are integrated with each other throughout the day it is required that each pet be up to date on vaccinations. We have a 3-month grace period after expiration, but if your pet is routinely coming it is mandatory after the 3-month grace period the vaccines are renewed and brought in.

At Fitzpatrick Kennels your pet will be exercised regularly and will walk on many types of surfaces. Please be aware that stiffness, tender foot pads, and exhaustion can occur.

Fitzpatrick Kennels reserves the right to refuse or terminate service to pets/humans at any time.

Please do not approach our fences or call your dog, it makes our job more difficult and potential risk.

I, _____, (print name) have read and understand the above stated information on _____(date)

Signature _____