

Kerry's Kennel



Welcome Packet

Kerry's Kennel

22367 W 215th St

Spring Hill, Ks 66083

(913)329-2047 www.kerryskennels.com

Thank you for choosing Kerry's Kennel to care for your pet(s) while you are away. We pride ourselves on providing exceptional care for your pet(s) and treat all our guests like members of our own family. Below you will find some helpful information regarding requirements for your pet(s) to board with us.

Requirements for Boarding

Please note, these requirements were compiled to ensure the well-being of your pet as well as other pets in our care. There are no exceptions to these requirements

Vaccinations

Proof of current vaccinations is required for any pet to be boarded. Pets must up to date on the required vaccinations. For your pet's safety, vaccines which are not current must be administered a minimum of three (3) days prior to boarding. All puppies that are under 6 months of age need to have age appropriate vaccinations up to date. Puppies up to 16 weeks old should have a minimum of 3 booster vaccines of DHLPP, administered at (approx)6, 8, 10 weeks of age.

Vaccines required for boarding are as follows.

Dogs

- Rabies
- DHLPP (distemper, leptospirosis, parvo.)
- Bordetella (kennel cough)

Cats

- Rabies
- Feline Distemper (FVRCP)
- Feline Leukemia (for cats who spend time outside)

If your pet isn't current on vaccines, he/she will not be allowed to board with us. It is the responsibility of the pet's owner to provide copies of their current vaccination records from their primary veterinarian.

Flea Medication

We highly recommend your pet(s) be treated with a flea treatment as we live out in the country. If we notice any fleas or ticks on your pet, Kerry's Kennel will treat your pet at the owner's expense. Cost ranges between \$15-\$25 depending on your pet's weight.

Behavior

For the safety of our staff and other boarders, we reserve the right to refuse to board any animals that is deemed overly aggressive or has severe behavioral problems.

Food

Our boarding facility includes furnishing food for your pet. If you choose to bring your own pet's diet with them, please mark your name on any bags so we don't get food mixed up with anyone else. Please note, that if your pet must eat a special prescription food you are responsible for

furnishing food. We cannot guarantee that we have your pets diet on hand. Please furnish enough food for your pet(s) stay plus some extra just in case their stay is extended.

Medication

Pet owners are responsible for providing medications for the duration of your pets stay. All medication should stay in its original pill bottle with the label attached, separate from all other medication and food. If you use a specific food or treat to administer oral medication to your pet, please make sure you bring those for your pet along with the medication. If your pet's medication is a controlled substance please only bring the amount necessary for the stay, along with a couple additional days.

If your pet requires insulin injections, you will need to supply the insulin as well as the syringes and needles for the duration of your pets stay, plus a couple of extra days supplies in case your pets stay is extended. Diabetic pets are more than likely going to have a run to themselves so staff members may closely monitor their eating, drinking and bathroom habits.

Extras

We provide bowls, blankets, and leashes. You do not have to bring us bowls. We will gladly give your pet any bed you also provide but please remember that we are not responsible for any damage to the bedding while your pet stays with us. Any treats or bones you wish to provide is just fine as well. We hope to make your fur babies stay with us as pleasant as possible!!

Business Hours

Monday thru Friday: 7am to 6pm

Saturday: 7 am to 1pm

Sunday: Closed

WE DO OFFER SATURDAY AND SUNDAY AFTER HOURS PICK UPS AND DROP OFFS BY APPOINTMENT ONLY.

Please call and plan with staff for times.

Some days may or may not be available.

Social Media Release Form

Pet Name: _____

Your Name: _____

Please initial to select whether you approve or decline to give us permission to use pet's photos as outlined below:

_____ approve

_____ decline

I hereby give Kerry's Kennel permission to use photographs of my pet on Facebook, Instagram and other social media platforms. I also grant permission for Kerry's Kennel to publish pictures of my pet for promotion of the organization in printed publications and displays on the Kerry's Kennel website.

Owners Signature: _____ Date:

Consent to Treat/Post Mortem Care Form

Please be as detailed as possible when listing your wishes regarding your pet in the event that an immediate decision must be made about care if we are unable to reach your or your emergency contact(s) by phone.

Owner name: _____ Pet Name: _____

I will be boarding my pet(s) at Kerry's Kennel. During this time, I/We give Kerry's Kennel consent to provide veterinary care for our pet(s) up to a dollar amount of \$_____ for each pet listed above. **Should a veterinarian at the time of the incident deem it necessary that my pet(s) condition is going to require long term and ongoing care I request that: (please initial all that apply regarding long term or potentially fatal circumstances where treatment may be redundant. In other words, how far do you want the veterinarian to go with treatment?)**

- _____ At veterinarian's discretion
- _____ Quality of life over quantity of life
- _____ By all means necessary, save my pets life
- _____ No heroic measures, please euthanize
- _____ If no long term or on-going care results, please euthanize
- _____ Please keep my pet alive if possible until my return or I am reachable

I release Kerry's Kennel, its employees, owners and agents from any claim should my pet pass away during the time that it is staying in their care. Should death occur due to old age, natural causes or accidental causes I wish:

- _____ For the remains of my pet to be kept for cremation of my own choosing upon my return.
- _____ For my pet to be cremated and ashes returned to me in an urn.
- _____ I do not want my pets cremated remains returned to me, with the understanding that my pets ashes will be spread on Kerry's Kennels property.

I also understand that I am responsible for any fees for the service of cremation, for any boarding fees, veterinarian fees associated with and up to time of my pet's death.

_____ **I wish to be notified immediately or as soon as possible**

_____ **I wish to be notified upon my return**

Owners Signature: _____ Date: _____

Dog/Cat Boarding Registration Form

Owner Information:

Your name: _____

Address: _____

Phone number: _____ cell / home

Email: _____

Is it ok to email or text? Y / N

Emergency Contact

We will always try to contact you, the pet owner, first, but in case of emergency, if you cannot be reached, please provide the information of an emergency contact for your pet. You may leave more than one. Please make sure the contact is over the age of 18, within the continental United States, reachable by telephone and authorized to make decisions for your pet during its stay. Please inform the emergency contact of your wishes regarding decision making for your pet. You may choose to only provide your own number as an emergency contact, please make sure you will be consistently reachable during your pets stay with us.

Name: _____

Number: _____ Relationship: _____

Name: _____

Number: _____ Relationship: _____

Veterinarian Information

Clinic name: _____ Phone Number: _____

Preferred Veterinarian name (if known):

Please attach copies of your pet's vaccination records to this registration form

Does anyone else have the authority to pick up your pet from his or her boarding stay?

Name: _____ Relationship:

Pet Information

Name: _____ Age (or best guess) _____

Sex: _____ Spayed or Neutered? Y / N Breed (or best guess) _____

Is your dog a jumper, climber or escape artist? Y / N

Does your dog have any food allergies? Y / N If yes, please explain _____

Physical limitations / medical problems your dog has _____

Is your dog on any medications? _____

Does your dog have any current injuries or incisions / sutures / staples? Please explain if yes: _____

Is your dog frightened of any types of noises? Y / N

Does your dog dislike any specific type of people? Y / N

Does your dog dislike other dogs? Y / N

Is your dog TOY or FOOD aggressive? Y / N

Has your dog ever bitten another person or animal? Y / N

If yes to any of the above, please explain: _____

Does your dog have any special commands? _____

Have you supplied your own food? Y / N Brand: _____

How much and how often do you feed? _____

I certify that the information I have provided in this registration is true and that Kerry's Kennel and their staff can rely on the accuracy of said information.

Owners signature _____ Date _____

Pet Information (#2)

Name: _____ Age (or best guess)

Sex: _____ Spayed or Neutered? Y / N Breed (or best guess) _____

Is your dog a jumper, climber or escape artist? Y / N

Does your dog have any food allergies? Y / N If yes, please explain _____

Physical limitations / medical problems your dog has _____

Is your dog on any medications? _____

Does your dog have any current injuries or incisions / sutures / staples? Please explain if yes: _____

Is your dog frightened of any types of noises? Y / N

Does your dog dislike any specific type of people? Y / N

Does your dog dislike other dogs? Y / N

Is your dog TOY or FOOD aggressive? Y / N

Has your dog ever bitten another person or animal? Y / N

If yes to any of the above, please explain: _____

Does your dog have any special commands? _____

Pet Information (#3)

Name: _____ Age (or best guess)

Sex: _____ Spayed or Neutered? Y / N Breed (or best guess) _____

Is your dog a jumper, climber or escape artist? Y / N

Does your dog have any food allergies? Y / N If yes, please explain _____

Physical limitations / medical problems your dog has _____

Is your dog on any medications? _____

Does your dog have any current injuries or incisions / sutures / staples? Please explain if yes: _____

Is your dog frightened of any types of noises? Y / N

Does your dog dislike any specific type of people? Y / N

Does your dog dislike other dogs? Y / N

Is your dog TOY or FOOD aggressive? Y / N

Has your dog ever bitten another person or animal? Y / N

If yes to any of the above, please explain: _____

Does your dog have any special commands? _____

If you need more room for pets, please attach additional sheets. Also, please attach copies of your vet records for proof of vaccination. It is state law that we have proof of vaccination on file. Thank you!