

HAPPY PAWS KENNELS

6677 Midway Road
Dixon, CA 955620

Phone: 707-678-6600

Fax: 707-678-6605

Owner's Name:

Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Alternate Phone No: _____

E-Mail: _____ (We do NOT share your email!)

Driver's License No: _____ State: _____

Emergency Contact (Someone you authorize to make decisions on your behalf and to pick up your pet in an emergency):

Name: _____ Phone: _____

Will anyone else be authorized to pick up your pet? _____

Pet Information:

1st Pet's Name: _____ Dog/Cat (circle one)

Breed: _____ Weight: _____ Age: _____

Circle One: Male/Intact Male Neutered Female Intact Female Neutered

2nd Pet's Name: _____ Dog/Cat (circle one)

Breed: _____ Weight: _____ Age: _____

Circle One: Male/Intact Male Neutered Female Intact Female Neutered

3rd Pet's Name: _____ Dog/Cat (circle one)

Breed: _____ Weight: _____ Age: _____

Circle One: Male/Intact Male Neutered Female Intact Female Neutered

If you have multiple dogs, do you prefer 1 run or 2? _____

Veterinarian: _____

Diet:

How many times per day do you feed your pet? 1 2 How much? _____

Are you bringing your own food? _____ What brand of dog food? _____

Additional/Special feeding instructions: _____

Health:

Describe your pet's activity level: Low / Medium / High

Please tell us about any injuries or health concerns that we should be aware of: _____

Will we be administering any medications? _____ If so, please give us instructions:

Is your pet allergic to any medications? _____ If so, what? _____

Has your dog ever bitten anyone? _____ If so, did it break the skin? _____ Did the bite require medical attention? _____

Are you bringing any bedding and/or toys? If so, please describe: _____

We are happy to have you bring items for your pet's comfort. Please be aware that while we make every effort to return your pet's bedding and toys, we are not responsible if they are damaged or lost during your pet's stay with us.

I hereby grant permission to Happy Paws Kennels to act on my behalf and in my pet's best interest, by obtaining Veterinary care at my expense for illness and/or injury, if deemed necessary by Happy Paws Kennels. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay at Happy Paws Kennels. I understand that even if my dog(s) is vaccinated for Bordetella (Kennel Cough), there is a chance that my dog can still contract Kennel Cough, Canine Influenza, or any other contagious illness.

I understand and agree that the daily boarding rates currently posted apply to the total time my pet is boarded at Happy Paws Kennels unless otherwise stated in writing. The check out time is 11:30. Afternoon check out will constitute an additional ½ day of boarding and will be charged as such. This agreement shall remain in effect until it is revoked in writing by the undersigned.

SIGNATURE: _____ DATE: _____