Rushville Boarding Kennel

Client Information Record

Owner_____

Address_____

Number Street City State Zip

Home Phone_____ Cell Phone_____ Other Phone _____

Email Address_____

Were you referred by anyone?_____, (if yes, who) _____

Emergency Contact Information

Name_____

Phone Numbers _____

In the event that your pet becomes ill or gets injured, every effort will be made to contact the above emergency contact person for instructions regarding extent of care.

Other Person(s) authorized to pick up pet(s)

(Pets will not be released to anyone other than the Owner without specific permission)

Name and Phone 1) _____

2) _____

Pet Information

Pet's Name_____ Breed_____

Sex Male Female Spayed/Neutered Age_____ DOB_____

Color and Markings_____

Current Veterinarian _____ Phone_____

Medical Conditions_____

Medications/Supplements_____

How Much_____ How Often_____

Food Allergies_____

Special Concerns:

Digging____ Climbing or Jumping above 5' high fence____ Biting_____ Rescue Pet_____

Destructive Chewer____ Previously Abused_____ Arthritis_____ Hip Dysplasia_____

Fear of Thunderstorms or fireworks_____ Other_____

Has your pet ever attacked any person or animal?_____ (if yes, explain)

_____