

CLIENT INFORMATION

Name:

Address:

City:

State:

Zip Code:

Home:

Cell:

Work:

E-mail Address:

How did you hear about us?

If referred, by who?-

Please provide their name so that we can thank them!

EMERGENCY CONTACT INFORMATION

Name:

Relation:

Phone:

Who besides yourself is authorized to pick-up your pet(s)?

Name:

Phone:

Name:

Phone:

I understand that I am welcome to bring my pet's belongings, including leashes, toys, bedding, etc., however, Almost Home Boarding and Training does not assume liability for any item that is lost, eaten or destroyed. . **Almost Home Boarding and Training requires that all dogs be current on vaccines: Rabies - 1 or 3 years, DHPP - 1 or 3 years and Bordetella - 6 months or 1 year (per your veterinarian's recommendation). However there is still the possibility of your dog contracting certain illnesses, such as Kennel Cough. Because of the various environmental and microbial causes of this disease, Kennel Cough is not a vaccine preventable disease.** In the event that my pet becomes ill, I understand that I will be contacted by all possible means for directions on treatment. I understand that if I choose, All Pets Veterinary Center, Dr. Missy Jewell can exam and advise treatment plan **at owner's expense**. In the event of an emergency, I understand that my pet will be taken directly to Blue Pearl Specialty and Emergency Services for treatment (formerly LVSES). I understand that I will be held responsible for any damages my pet may cause through malicious or improper conduct to people, property or other pets. This includes damages that may occur when pets are boarded together at my request. I further understand that payment is due in full when services are rendered and that my pet will not be released from the care of Almost Home Boarding and Training until payment is received. I also understand that pet abandonment may be a criminal or civil violation of the statues of the State of Kentucky.

Signed:

Date: _____

PET INFORMATION

| | | |
|---|---|-------------------|
| Name: | Dog <input type="checkbox"/> | |
| Breed: | Male: neutered/intact Female: Spay/Intact | |
| Date of Birthday | Color: | Microchip: yes no |
| Veterinarian: | | |
| Vaccine History: Copy present: _____ All dogs require current proof of Rabies, DHPP & Bordetella. Note: It is still possible for a pet to become ill, even if vaccinated. | | |
| What type of flea protection is your dog on? | Last date applied? | |
| Please be advised: flea protection will be applied at owner's expense if warranted. | | |

| Does your dog take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|------------|
| Medication: | Directions |
| | |
| | |

| |
|--|
| What brand/type of food do you feed? |
| How often is your dog fed? 1 2 3 free feed (circle one) How much? |
| Do you leave food out all the time? yes no |
| Can your dog have treats while staying here? Yes No |
| Can your dog have peanut butter? Yes No |

ADDITIONAL INFORMATION

| |
|--|
| Has your dog ever been boarded anywhere before? |
| Does your dog have any food allergies? |
| Does your dog have any past or current injuries? |
| Is your dog frightened by any strangers or new people? |
| Is your dog toy or food protective? |
| What toys does your dog enjoy playing with? |
| Does your dog chew or tear up bedding? |
| Has your dog ever jumped/climbed a fence? |