

Hound Dog Hotel LLC Boarding & Daycare _____

6746 S. Broadway
Haysville KS 67060
(316)-522-1837

CLIENT INFORMATION

Owner's Last Name _____ First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Name _____ **Phone** _____

E-MAIL ADDRESS _____

(WE WILL NOT SHARE E-MAIL OR PERSONAL INFORMATION WITH THIRD PARTIES)

Pet(s) Information

PET #1

Pet's Name _____ Breed _____ Color _____ M/F _____ Birthday/Age _____

Spayed/ Neutered _____ Any Known Allergies? _____

PET #2

Pet's Name _____ Breed _____ Color _____ M/F _____ Birthday/Age _____

Spayed/ Neutered _____ Any Known Allergies? _____

PET #3

Pet's Name _____ Breed _____ Color _____ M/F _____ Birthday/Age _____

Spayed/ Neutered _____ Any Known Allergies? _____

Veterinarian Name: _____ **Doctors Name:** _____

Address: _____ **Phone:** _____

A copy of current vaccination records is required. Please bring records when you drop-off your pet. For your convenience, your vet may fax records in advance to **316-522-1837** or email them to **HoundDogHotel23@yahoo.com**. Pets with improper vaccinations will be turned away. Thank you for your cooperation!

Required Vaccinations: 1 year or 3 year rabies, Annual Parvo/Distemper, and every 6 months Bordetella/Kennel Cough

Has Flea or Tick Prevention: Yes No

Medication: Yes No If yes, please complete page 3.

Physical Limitations or Restrictions: _____

Behavior: Check All That Apply

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment to be rendered.

Owner or Responsible Party Signature _____

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_____ Aggressive with other dogs _____ Aggressive with food or toys
_____ Jumping Fences _____ Digging _____ Chewing _____ Running Away Other:

Food: Own Share (for multiple dogs) Instructions:

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Owner or Responsible Party Signature _____