

ROBINHOOD KENNELS

OWNER INFORMATION

Owners Name *(Please Print)* _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ Employer or Company Name _____

Contact Name & Number *(optional)* _____

Driver's License Number *(mandatory)* _____

PET INFORMATION

Pet's Name _____ Breed _____

Sex: M _____ F _____ Age _____ Is pet spayed or neutered? Y _____ N _____

Approximate Weight _____ Coloring _____

Date of last Rabies shot _____ Date of last Bordetella shot (dogs) _____

Date of last Distemper/Parvo shot (DHLPP-dogs, FVRCP-cats) _____

Does pet have a history of epilepsy or seizures? _____

Is dog extremely thunder shy? (self threatening or destructive) _____

Is dog a fence jumper or climber? (can he clear 8 ft. chain link?) _____

Veterinarian and Clinic _____

We take every precaution for the safety and health of all pets entrusted to our care. We do not, however, accept responsibility for loss or injury from circumstances beyond our control. In case of illness, the kennel reserves the right to hospitalize the pet at the owner's expense. We reserve the right to dispose of an animal any way we see fit if not picked up within 30 days of the appointed time.

THE OWNER HAS READ THE ABOVE STATEMENTS AND AGREES TO THE CONDITIONS NAMED THEREIN.

Date _____

Signed _____

Owner

(for additional pets)

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