

Happy Paws Kennels

6677 Midway Rd
Dixon, CA 95620

Phone: 707-678-6600
Fax: 707-678-6605

Owner's Name:

(last) _____ (first): _____

Pet's Name: _____ Dog / Cat
Breed _____ Weight _____ Age _____
Select one : Male Intact / Male Neutered / Female Intact / Female Spayed
Vet: _____

2nd Pet's Name: _____ Dog / Cat
Breed _____ Weight _____ Age _____
Select one : Male Intact / Male Neutered / Female Intact / Female Spayed
Vet: _____

3rd Pet's Name: _____ Dog / Cat
Breed _____ Weight _____ Age _____
Select one : Male Intact / Male Neutered / Female Intact / Female Spayed
Vet: _____

If multiple dogs : Do you prefer 1 run or 2 runs? _____

Address _____

Phone: home () _____ cell () _____

Email _____

Drivers License # _____ State _____

Emergency Contact _____

Phone _____

Someone you authorize to make decisions on your behalf and to pick up your pet in an emergency.

Will anyone else be authorized to pickup your pet? _____

How many times a day do you feed 1. _____ 2. _____ How much? _____

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

Add'l Special Feeding Instructions _____

Please indicate any injuries or health concerns that we should be aware of:

Will we be administering any medications? _____

Instructions _____

Is your pet allergic to any medication? No / Yes _____

Has your dog ever bitten anyone? No / Yes

Did it break the skin? _____

Did the bite require medical attention? _____

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

Are you bringing bedding or toys? _____

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 in my behalf and in my pet's best interest, by obtaining Veterinary care at my expense, if deemed necessary by Happy Paws Kennels, for illness and/or injury. 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 still 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 rate of \$24 dollars, unless other wise stated in writing, shall apply to the total time my pet is boarded at Happy Paws Kennels. The check out time is 11:30 and any later check out will constitute an additional day of boarding. This agreement shall remain in effect until it is revoked in writing by the undersigned.

Signature _____ Date _____