

HAPPY PAWS KENNELS

6677 Midway Road
Dixon, CA 955620

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

OWNER'S NAME:

Last Name: _____ First: _____

Second Owner - Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Phone No: _____

E-Mail: _____ (We do NOT share your email!)

Driver's License No: _____ State: _____

Active Military?: yes ___ no ___

EMERGENCY CONTACT (Someone NOT traveling with you whom you authorize to make decisions on your behalf and to pick up your pet in an emergency):

Name: _____ Phone: _____

Others authorized to pick up your pet: _____

VETERINARIAN/CLINIC: _____

PET INFORMATION:

1st Pet's Name: _____ Dog/Cat (circle one)

Breed: _____ Weight: _____ Age: _____

Check One: ___ Male Intact ___ Male Neutered ___ Female Intact ___ Female Spayed

2nd Pet's Name: _____ Dog/Cat (circle one)

Breed: _____ Weight: _____ Age: _____

Check One: ___ Male Intact ___ Male Neutered ___ Female Intact ___ Female Spayed

3rd Pet's Name: _____ Dog/Cat (circle one)

Breed: _____ Weight: _____ Age: _____

Check One: ___ Male Intact ___ Male Neutered ___ Female Intact ___ Female Spayed

IF YOU HAVE MORE THAN ONE PET, do you prefer them together or separate (if separate, who should room together? _____ (prices vary)

DIET:

How many times per day do you feed your pet? 1 2 How much? _____

Are you bringing your own food? _____ What brand of pet food? _____

Additional/Special feeding instructions: _____

HEALTH:

Describe your pet's activity level (circle one): Low / Medium / High

Please tell us about any injuries or health concerns that we should be aware of: _____

Will we be administering any medications? _____ If so, please give us instructions: _____

Does your pet have any allergies to any medications/food/etc? _____ Specify: _____

Has your pet ever bitten anyone? _____ If so, did it break the skin? _____ Did the bite require medical attention? _____

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.

AGREEMENT:

I hereby grant permission to Happy Paws Kennels to act on my behalf and in my pet's best interest, by obtaining Veterinary care at my expense for illness and/or injury, if deemed necessary by Happy Paws Kennels. I understand that this may include end of life decisions. 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 pet(s) is vaccinated for Bordetella (Kennel Cough) and Canine Influenza, there is a chance that my pet can still contract Kennel Cough, Canine Influenza, or any other contagious illness.

I understand and agree that the daily boarding rates currently posted apply to the total time my pet is boarded at Happy Paws Kennels unless otherwise stated in writing. The check out time is 11:30. Afternoon check out will constitute an additional ½ day of boarding and will be charged as such. This agreement shall remain in effect until it is revoked in writing by the undersigned.

_____ I agree to the above.

SIGNATURE: _____ **DATE:** _____