## **Lupine Kennels New Customer Form**

880 155<sup>th</sup> Street Amery, WI 54001 (651) 208-5954

## (651) 208-5954 FULL PAYMENT OF SERVICE IS DUE AT TIME OF PICK UP.

Owners Last Name_		First Name	e			
Dog's Name		Dog's Breed		<del></del>		
Dog's Birth date	Dog's Sex	M/Neutered		F/Spayed		
Home Address					State	Zip
Home Phone		Work				
E-Mail Address		Emergen	cy Contact	#		
Email address is used	for boarding con		•			
VET Name						
Vet Address						
City						
Any known allergies of	r illnesses?					
List any and all presen	t medications taker	by your dog, If	f medication	on is needed, you	ı must bring m	edication in it's
original packaging						
D 1 . W						
Rabies Vaccination	n					
Distemper ComboVac						
Vaccinations-All dogs		ve their vaccina	etions of <b>R</b>	ahias Rardatal	la and Distam	ner Combo
Bring a copy of vaccin						
also allowed but we m						
OPTIONAL	ast have paper work	i nom a vet to o	e accepted	. THIS IS KEQ	CINED and 1	(01
011101(112						
*** PLEASE NOTE	<mark>ALL VACCINATI</mark>	ONS NEED TO	O BE GIV	EN AT LEAST	A FULL WE	EK PRIOR TO
BOARDING*****						
Verified Vaccinations	By:					
All guests comfort	and safety is out	r utmost prioi	rity			
Dog Personal Info:	<i>3 2</i>	1	•			
The following regard	safety concerns, in	n order for you	ır dog to b	oard, your dog	must be comp	oliant :
*We do not board dog					er pets. If you	r dog is found to
have aggressive tende	encies, your pet w	ill need to be pi	icked up i	mmediately.		
	e , e , i					
*Please note for the c		0	- `	greement ,we d	o not board in	icessant barkers
Dogs found to incessa	ntiy bark will be a	asked to be pici	kea up.			
*In andon to offen the	hast samilea wa as	on as wall as tal	ka aana af	tha nhysiaal ha	alth of our sta	ff wa aan na
*In order to offer the longer take on big do				- v		
(i.e. repeated jumpin	_	_		•	stions piease c	an for specifics.
(i.e. repeated jumpii	ig,body stanining	,poweriui jerki	ing on a ie	asii etc.)		
We ask the following of	mestions to better t	ınderstand vour	dog and fo	or the comfort of	f vour dog boai	rding:
Has your dog ever bitte					r yeur weg eeu	
Has your dog shown ar	ny aggressive tende	encies ?	re	egarding tovs or	food?	
Has your dog ever clin	bed over a fence?	- <u> </u>	<u>-</u>	5 6 - 5 / 5 01	·	
Has your dog ever ate	it's bedding?	Bi	itten anoth	er animal?	Bitten a	human ?
Has your dog ever clin Has your dog ever ate: Has your dog had <b>ANY</b>	Y illness in the last	30 days?	Explair	 1:		
		-	1	We do not t	ake dogs that	have had or
have been exposed to	any coughing, dia	rrhea, vomiting	g,fleas or			

weeks.

Does your dog have anxiety?	What happens?	Self harm?
Destruction of property?		
Destruction of property?  How socialized is you pet with new p	people?	
How often do you feed your dog?	DM	(Cura) On su
How does your pet est: slowly(may r	ups)P.M	(Cups) Open Eats every day both meal times
Fats very quickly	vou net does not want to eat	can we supplement their food with some canned
food to encourage them to eat?	you per does not want to ear	can we supplement their rood with some canned
Can your pet have treats?		
How did your hear about us or whom		ral?
Early and against and assumes.		
For boarding dogs and owners:  By signing this contract I am giving the	my consent for Lunine Kenr	nels and it's owner to take my dog to the vet if
		I, the owner of the pet(s), agree to pay for any and
		or person I agree to pay for any and all medical or
• •		y own risk and do not hold Lupine Kennels liable
		image done to the kenneling facility by my dog. I
	nformation provided to Lupi	ne Kennels about my pet to the best of my
knowledge to be true.		
Owner Signature	I	Date
	• 4•	
ONLY if we are to administer medi		minister medication that may be necessary for my
		bed medication, vet prescribed medication must be
in original packaging.)	ing bourded. (I.E. vet present	medication, ver presented medication must be
Owner Signature	D	Pate
-	_	9-12am and 6-7:30pm Closed Saturday or dropping off outside of business hours.
Owner Signature		Date
I, the owner understand that I am	responsible for picking up	my pet:
Date dropping offT	_ <b>Time</b> 9-12am OR 6-7:30PM	M
Date Picking up	ime 9-12am OR 6-7:30PM	
Except Saturdays AM Only.		
If I the owner do not nick up my dos	within 10 days after said "	Pick up Date" and I do <b>NOT</b> notify (i.e. phone
	•	s of an extension, understand that my pet will be
		rned over to a humane society and I will be legally
		ansportation to humane society, humane society
drop off fees, and court costs.		
Owner Signature Would you like extra services		Date
Would you like extra services	? ( If time allows)	
Full Groom \$45.00+ (dogs under 2	5lbs only) Yes No	
(Shampoo, Blowdry, haircut, ears cle	• /	
Nails \$10.00 (dogs 25lbs and under	only)Yes No	

Wash & Nails \$42.00+ (dogs under 25lbs only) Yes No