Lupine Kennels Repeat Customer Form 880 155th Street Amery, WI 54001 Payment Must Be Received at Pick up

| Owners Last Name | First Name | |
|---------------------------------------------------------------------------|-----------------------------|-------------------------------|
| Dog's Name | Dog's Breed | |
| Dhone | | |
| My dog eatscups in A | AMcups in PN | |
| Current Email address for b | oarding confirmations_ | |
| | | ough, Sneeze, Diarrhea,Vomit, |
| Goopy eyes or Running nose | e in the last 30 days | (initial) |
| I, the owner understand that | t I am responsible for pi | cking up my pet: |
| Date dropping off | Time | |
| Date Picking up | Time | _ |
| WE ARE NOT OPEN FOR You will be billed for the ent up days earlier. | | DUTSIDE THESE HOURS |
| Office Verification: Vaccina Verified By: | ations for Rabies,Bordet | tella, Distemper Combo UTD? |
| Would you like extra ser | vices? If time allows | 5 |
| Full Groom (Big Dogs Extra I | nquire for pricing) \$45.00 | 0+ Yes No |
| Nails \$10.00 Yes No | | |
| Wash \$38.00 + Yes No | | |
| Wash & Nails \$42.00 + Yes | No | |

Small dog Hydrotherapy Jacuzzi bath \$10 add-on to bath

For boarding dogs and owners:

By signing this contract I am giving my consent for Lupine Kennels and it's owner to take my dog to the vet if deemed necessary by any of the aforementioned parties and that I, the owner of the pet(s), agree to pay for any and all such bills. Should my dog bite or cause injury to another dog or person I agree to pay for any and all medical or veterinary expenses. I also agree to pay all costs for damage done to the kenneling facility by my dog. I understand that I am boarding my pet at my own risk and do not hold Lupine Kennels liable for any illness, injury or death. I the owner of said pet agree that the information provided to Lupine Kennels about my pet to the best of my knowledge to be true.

Owner Signature___

__Date_____