

**Lupine Kennels New Customer Form**

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

**FULL PAYMENT OF SERVICE IS DUE AT TIME OF PICK UP .**

**Owners Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_  
Dog's Name \_\_\_\_\_ Dog's Breed \_\_\_\_\_  
Dog's Birth date \_\_\_\_\_ Dog's Sex \_\_\_\_\_ M/Neutered \_\_\_\_\_ F/Spayed  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Emergency Contact# \_\_\_\_\_

**Email address is used for boarding confirmations.**

**VET Name** \_\_\_\_\_

Vet Address \_\_\_\_\_

City \_\_\_\_\_

Any known allergies or illnesses? \_\_\_\_\_

List any and all present medications taken by your dog  
\_\_\_\_\_

**Rabies Vaccination** \_\_\_\_\_

**Bordetella Vaccination** \_\_\_\_\_

**Distemper Combo Vaccination** \_\_\_\_\_

**Vaccinations-All dogs are required to have their vaccinations of Rabies, Bordetella and Distemper Combo.**

Bring a copy of vaccination records with you during your stay so we can make a copy for our files. Titer testing is also allowed but we must have paperwork from a vet to be accepted. **THIS IS REQUIRED and NOT**

**OPTIONAL**

**\*\*\* PLEASE NOTE ALL VACCINATIONS NEED TO BE GIVEN AT LEAST A FULL WEEK PRIOR TO BOARDING\*\*\*\*\***

Verified Vaccinations By: \_\_\_\_\_

**Dog Personal Info:**

We ask the following questions to better understand your dog:

Has your dog ever bitten, or attempted to bite another animal or person? \_\_\_\_\_

Has your dog shown any aggressive tendencies ? \_\_\_\_\_ regarding toys or food? \_\_\_\_\_

**We do not board dogs with aggressive tendencies towards humans. If you dog is found to have aggressive tendencies your pet will need to be picked up immediately.**

**Please note for the comfort of our other guests and township agreement ,we do not board incessant barkers. Dogs found to incessantly bark will be asked to be pick up.**

Has your dog ever climbed over a fence? \_\_\_\_\_

Has your dog ever ate it's bedding? \_\_\_\_\_ Bitten another animal? \_\_\_\_\_

Has your dog had ANY illness in the last 30 days? \_\_\_\_\_ Explain: \_\_\_\_\_

**We do not take dogs that have had or have been exposed to any coughing, diarrhea, vomiting, fleas or any other contagious illness in the last 3 weeks.**

How socialized is you pet with new people? \_\_\_\_\_

How often do you feed your dog? \_\_\_\_\_

How much in the A.M. \_\_\_\_\_ (Cups) P.M. \_\_\_\_\_ (Cups) Open \_\_\_\_\_

How does your pet eat: slowly (may not eat every day) \_\_\_\_\_ Eats every day both meal times \_\_\_\_\_

Eats very quickly \_\_\_\_\_ If your pet does not want to eat can we supplement their food with some canned food to encourage them to eat? \_\_\_\_\_

Can your pet have treats? \_\_\_\_\_

How did you hear about us or whom may we thank for the referral? \_\_\_\_\_

**For boarding dogs and owners:**

By signing this contract I am giving my consent for Lupine Kennels and its 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 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 also agree to pay all costs for damage done to the kenneling facility by my dog. 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 \_\_\_\_\_

**ONLY if we are to administer medications:**

I, the owner of said pet give permission to Lupine Kennels to administer medication that may be necessary for my pet to be more comfortable while being boarded. (I.E. vet prescribed medication.)

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**I, the owner understand that Drop off and Pick up hours are 9-12am and 6-7:30pm Closed Saturday evenings for pick up or drop off.** We do not allow picking up 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 off** \_\_\_\_\_ **Time** 9-12am OR 6-7:30PM \_\_\_\_\_

**Date Picking up** \_\_\_\_\_ **Time** 9-12am OR 6-7:30PM \_\_\_\_\_

Except Saturdays AM Only.

If I, the owner do not pick up my dog within 10 days after said "Pick up Date" and I do **NOT** notify (i.e. phone message or email to lupinekennels@yahoo.com) Lupine Kennels of an extension, understand that my pet will be deemed abandoned. My pet being deemed abandoned will be turned over to a humane society and I will be legally bound to owe Lupine Kennels for the 10 day period, any food, transportation to humane society, humane society drop off fees, and court costs.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Would you like extra services? ( If time allows)**

Full Groom \$45.00+ (Dogs over 35lbs extra) ask for pricing Yes No  
(Shampoo, Blowdry, haircut, ears cleaned and nails trimmed)

Nails \$10.00 Yes No

Wash \$38.00 + Yes No

Wash & Nails \$42.00+ Yes No