

Vixen Hall Kennels Identification Card

VACCINATION: _____ **LICENSE:** _____

Pets Name : _____

Owners Name: _____

Breed: _____ Color: _____ Sex: M MN F FS

Date In: _____ Date Out _____ Emergency Number: _____ - _____

Diet: _____ Feeding Instruction: _____

Food Allergies? Y N _____

Medications : Y N _____

Medication Instruction: _____

Health Issues of concern: _____

Camp: Y N How often? _____ Jumps Fences? Y N Not Sure

Slip Collars Authorized for Walks? Y N _____

Separate for Feeding? (if multiple pet share run) Y N Bedding/Toys Authorized in Run? Y N

Aggression Issues? _____

Belongings: _____

Special Instructions or Requests: _____

Grooming: Y N _____ Groom Complete Date: _____
By: _____

Medication Log

(Kennel staff use only)

Date: _____ Initials: AM _____ PM _____ Comments _____

Date: _____ Initials: AM _____ PM _____ Comments _____

Date: _____ Initials: AM _____ PM _____ Comments _____

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Date: _____ Initials: AM _____ PM _____ Comments _____

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Date: _____ Initials: AM _____ PM _____ Comments _____

Date: _____ Initials: AM _____ PM _____ Comments _____

I certify that I'm the owner of this pet.

I hereby grant permission to this boarding establishment to act in my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay in this facility. An additional charge may be added to any animal that is deemed to have special needs and will cause extra services because of them. This boarding facility agrees to exercise and provide reasonable care to prevent injury or illness to my pet. I understand that by providing exercise to my pet there is a reasonable risk that my pet may get loose and run away. This facility will use all precaution to prevent such acts and will do all necessary in their power to retrieve my pet. I agree not to hold this facility liable if such a circumstance occurs. However, in the event of illness or injury, the owners and employees of this boarding facility shall not be held personally liable for such injury or illness. I agree to pay all costs for any property damage or personal injury caused by my pet during its stay. I agree to pay all charges on the day of pick-up of my pet and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for 10 days beyond the agreed date of pick-up may be sold or disposed of at the discretion of the kennel owner.

Signature: _____ **Date:** _____

Email (optional): _____

Kennel Cough Waiver

* Kennel cough, the common name given to infectious canine tracheobronchitis, is a highly contagious respiratory ailment among dogs. As the name suggests, it is typified by inflammation of the trachea and bronchi similar to a cold that you may get. This illness is found throughout the world and is known to infect a high percentage of dogs at least once during their lifetime. There are many strains of Bordetella. **Dogs are particularly susceptible when under any kind of stress, like being away from family while being boarded at veterinarian offices, day care facilities, and kennels. Thus the name "Kennel Cough". Vaccines offered by vets cover most but not all strains of Bordetella.**

I understand that my dog can contract Bordetella even if s/he has been vaccinated and I will not hold Vixen Hall Kennels or any of their employees responsible in the event that my dog becomes ill. I understand that Vixen Hall Kennels takes all necessary procedures to try to prevent my dog from contracting kennel cough but the threat is still there.

Signature: _____ **Date:** _____

We have permission to take photos of your pets & use them in our marketing & social media materials. Y N
Boarding in Living Room? Y N If yes, please sign the Living Room Contract.

Additional Comments: For Staff Only.