

Lupine Kennels New Customer Form

880 155th 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: _____

All guests comfort and safety is our utmost priority

Dog Personal Info:

The following regard safety concerns, in order for your dog to board, your dog must be compliant :

***We do not board dogs with any aggressive tendencies towards humans or other pets. If your 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 picked up.**

***In order to offer the best service we can as well as take care of the physical health of our staff we can no longer take on big dogs that prove to be a challenge to handle. If you have questions please call for specifics. (i.e. repeated jumping,body slamming,powerful jerking on a leash etc.)**

We ask the following questions to better understand your dog and for the comfort of your dog boarding:

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

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

Has your dog ever climbed over a fence? _____

Has your dog ever ate it's bedding? _____ Bitten another animal? _____ Bitten a human _____?

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.

Does your dog have anxiety? _____ What happens? _____ Self harm? _____
Destruction of property? _____
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 you 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 your 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 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 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 under 25lbs only**) Yes No
(Shampoo, Blowdry, haircut, ears cleaned and nails trimmed)

Nails \$10.00 Yes No

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