Lupine Kennels Repeat Customer Form 880 155th Street Amery, WI 54001 (715) 268-2345

Payment Must Be Received at Pick up

Owners Last Name		_ First Name	
Dog's Name		Dog's Breed	
Phone			
Phonecı	ups in AM	cups in PM or	open feeding
Current Email addres	s for boarding o	confirmations	
My Pet has not shown Goopy eyes or Runnin			n, Sneeze, Diarrhea,Vomit, (initial)
I, the owner understai	nd that I am res	sponsible for picki	ng up my pet:
Date dropping off Date Picking up	Tim	ne	
DROP OFF/PICK UP We are closed Saturda WE ARE NOT OPEN	ay evening for p	ick up or drop off	
You will be billed for tup days earlier.	the entire time y	you have stated on	this sheet even if you pick
Office Verification: Verified By:	vaccinations for	Rabies,Bordetella	, Distemper Combo UTD?
Would you like ext Full Groom (Big Dogs			Yes No
Nails \$10.00 Yes No			
Wash \$36.00 + Yes 1	No		
Wash & Nails \$38.00 +	Yes No		
dog to the vet if deemed r the pet(s), agree to pay fo dog or person I agree to p	am giving my cornecessary by any or any and all such ay for any and all	of the aforementioned bills. Should my do medical or veterinary	nels and it's owner to take my parties and that I, the owner of g bite or cause injury to another y expenses. I also agree to pay all
pet at my own risk and do owner of said pet agree th of my knowledge to be tru	o not hold Lupine lat the information	Kennels liable for an	derstand that I am boarding my yillness, injury or death. I the Kennels about my pet to the best
Owner Signature			Date