Lupine Kennels Repeat Customer Form 880 155th Street Amery, WI 54001

(715) 268-2345

Payment Must Be Received at Pick up \$20 per day as of August 1,2016 \$19/shared kennel/per dog

Owners Last Name	First Name
Dog's Name	Dog's Breed
Phone	
My dog eats cups in	n AM cups in PM or open feeding
Current Email address for	boarding confirmations
I. the owner understand th	nat I am responsible for picking up my pet:
Date dropping off	
Date Picking up	Time
DROP OFF/PICK UP HO	URS 9-12AM OR 6-7:30 PM ONLY
	vening for pick up or drop off
•	R PICK UP/DROP OFF OUTSIDE THESE HOURS
WE ARE NOT OF ENTO	RTICK 01/DROLOTT OUTSIDE THESE HOURS
Vou will be billed for the e	entire time you have stated on this sheet even if you pick
up days earlier.	intile time you have stated on this sheet even if you pick
up days earner.	
O 000 Y 100 11 Y	
	inations for Rabies,Bordetella, Distemper Combo UTD?
Verified By:	
Would you like extra s	ervices? If time allows
Full Groom (Big Dogs Extra	a Inquire for pricing) \$38.00+ Yes No
(2 2	
Nails \$10.00 Yes No	
Wash \$36.00 + Yes No	
Wash \$50.00 × 105 110	
Wash & Nails \$38.00 + Ye	es No
Wash & Italis \$50.00 It	75 110
Teeth Maintenance Treatme	ent \$0.00 Ves. No
Teem Maintenance Treatme	11t \$7.00 TCS TVO
For boarding dogs and av	mone:
For boarding dogs and ow	giving my consent for Lupine Kennels and it's owner to take my
	sary by any of the aforementioned parties and that I, the owner of
	and all such bills. Should my dog bite or cause injury to another
	or any and all medical or veterinary expenses. I also agree to pay all
	enneling facility by my dog. I understand that I am boarding my
	hold Lupine Kennels liable for any illness or injury my pet may
	agree that the information provided to Lupine Kennels about my
pet to the best of my knowledg	•
Dwner Sionature	Date
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