Pets Name:	Owners Name:
Breed:	Color: Sex: M ☐ MN ☐ F ☐ FS
Date In: Date Out:	Emergency Number:
	DIET
	Food Allergies?
Feeding Instruction:	
	y/n): Slow Feeder Bowl: (y/n) Food Aggression: (y/n):
	HEALTH
Health Issues:	
Medications:	
1.	Instructions:
2	
2.	Instructions:
3.	Instructions:
	e attached if any medicines are to be administered by Vixen Hall Staff e needed please supply additional instructions on a separate sheet.
	ACTIVITIY & KENNEL
Slip Londo Authorized On Waller ((a)	
	Authorized To Play With Others (y/n): Jumps Fences (y/n):
Camp (y/n) / how often: /	Favorite Activity:
Aggression Issues:	
Belongings:	
Special Instructions or Requests:	
	GROOMING
Bath (y/n): Nails (y/n):	Ears (y/n): Completed Date: Staff Initials:
Haircut with Groomer (y/n): Gr	
	The second secon

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:	
We have permission to take	ion to take photos of your pets & use them in our marketing & social media materials. Y <a>\(\) N <a>\(\)			
Email (optional):				
Reason for Boarding (option	nal):	1		
	Ke	ennel Cough Wa	ver	
ailment among dogs. As the that you may get. This illness once during their lifetime. The stress, like being away from the the name "Kennel Could understand that my dog caster or any of their employees researces to try the stress of their employees to try the stress of the stress o	s is found throughout here are many strain om family while bein igh". Vaccines offere on contract Bordetello sponsible in the even	at the world and is knowns of Bordetella. Dogs and boarded at veterinated by vets cover most a even if s/he has been at that my dog become.	wn to infect a high percore particularly susceptorian offices, day care fout not all strains of Bout not be still. I understand that we would be still.	entage of dogs at least ible when under any kind acilities, and kennels. ordetella. ot hold Vixen Hall Kennels Vixen Hall Kennels
Signature:			Date:	
DD 51 54.1%				
Signature:				

DATE	AM Initials	AM Medication	Mid-day Initials	n Hall Staff use only Mid-day Medication	PM initials	PM Medication
	* 45					
		1				