

CRYSTAL GLEN KENNEL LLC
BOARDING RECORD
2010

DATE _____ Driver's License Number _____

OWNER'S NAME _____

ADDRESS _____

CITY & STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELLPHONE _____

NUMBER TO CALL WHILE YOU'RE AWAY _____ EMAIL _____

DOGS: NAME _____ BREED _____

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IF YOU HAVE MORE THAN ONE ANIMAL WOULD YOU LIKE THEM BOARDED TOGETHER Y N

If your animals board in the same run and harm each other you are responsible for any cost that incur from this incident. If your animals have to be separated to feed there will be an additional charge.

COLOR _____ AGE _____ SEX _____

SPAYED/NEUTERED _____ OTHER SURGERY _____

HEALTH: GOOD _____ FAIR _____ POOR _____

DATE OF LAST CHECK-UP _____ VET CLINIC _____ Phone # _____

SHOTS: DHL _____ PARVO _____ KENNEL COUGH _____

DIET: AMOUNT FED PER DAY _____ CUPS BRAND _____

SPECIAL CARE (EXERCISE, MEDICATION, ETC.) _____

LIST ANY HEALTH PROBLEMS OR INJURIES, BEHAVIORAL CONCERNS (i.e. afraid of thunder, fence jumping, doesn't get along well with others) THAT THE DOG CURRENTLY HAS OR HAS HAD IN THE PAST MONTHS:

OBTAINED INFORMATION ON CRYSTAL GLEN FROM:

WEB/INTERNET _____ FRIEND _____ WHO CAN WE THANK? _____ VET _____
PHONEBOOK _____ OTHER _____

Please initial the following services if you would like your dog to participate:

Would you like your dog to be out in the play yards _____ Taken for a walk in our 4 acre field? _____

I understand that if my dog is out in the play yards he will be with other dogs unless Crystal Glen Kennel LLC is specifically told that your dog must be by itself.

Would you like your dog bathed before going home? _____

I certify that I am the owner or the agent of the owner of the aforementioned pet, and that I am authorized to board the pet and sign this form. I give consent to Crystal Glen Kennel LLC on my behalf by obtaining veterinary care at my expense should Crystal Glen LLC deem it necessary. I understand my veterinarian of choice will be contacted first, if unable to do so a veterinarian of our choice will be used. I understand that Crystal Glen LLC is not responsible for making life or death decisions concerning my animal/animals while it is in the care of Crystal Glen LLC, those are my decisions alone. In case of the death of your animal, it will be held by your veterinarian, if possible. If not, it will be taken to a facility of our choice to be held until your return. I understand the schedule of fees and agree to pay all charges at checkout unless previously arranged. I authorize Crystal Glen LLC to charge my credit card account for any outstanding invoices. I agree to hold Crystal Glen Kennel LLC, Associates, or Employees harmless and without liability for loss or damage from disease, death, escape, theft, fire, injury to persons, other dogs, or other causes unless negligent. Any animal left more than seven days past the specified pickup date will be considered abandoned & will be taken to the pound.

SIGNED _____