

THE SORENSON KENNELS, LLC REGISTRATION FORM

LAST NAME FIRST NAME DATE: _____

STREET ADDRESS PHONE #: _____

CITY ZIP CODE PHONE #: _____

E-MAIL: _____

REFERRED BY: _____

EMERGENCY CONTACTS:

ALTERNATE CONTACT NAME: _____ PHONE #: _____

VET CLINIC NAME: _____ VET PHONE #: _____

PET'S NAME: _____		VACCINATION DATES:	
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	BORDETELLA	
SPAYED/NEUTERED: YES <input type="checkbox"/> NO <input type="checkbox"/>		DISTEMPER	1YR/3YR
BREED: _____		RABIES	1YR/3YR
COLOR: _____ AGE: _____		KENNEL PROFILE:	
MEDICAL PROFILE:		<input type="checkbox"/> FEARFUL <input type="checkbox"/> BITES <input type="checkbox"/> ESCAPES	
<input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HAS SEIZURES		<input type="checkbox"/> QUIET <input type="checkbox"/> NOISY <input type="checkbox"/> JUMPS FENCES	
<input type="checkbox"/> ARTHRITIC <input type="checkbox"/> HAS FOOD ALLERGIES		EATING HABITS:	
AGGRESSIVE WITH:		<input type="checkbox"/> GOOD EATER <input type="checkbox"/> GRAZES <input type="checkbox"/> PICKY EATER	
<input type="checkbox"/> OTHER DOGS <input type="checkbox"/> PEOPLE		IF PET IS NOT EATING WELL WHILE BOARDING CAN WE ADD ANY ENTICEMENTS TO FOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS ABOUT THIS PET: _____			

Kennel shall not be held liable for any injury, loss or the death of any pet.

In the event of an emergency, the kennel will make all attempts to contact the Owner at the numbers provided to confirm the Owner's choice of action. If the Owner cannot be timely reached, Owner authorizes Kennel to transport the pet(s) to the listed veterinarian; request on-site treatment from a veterinarian; or transport the pet(s) to an emergency clinic if necessary. Owner shall be responsible for all veterinarian expenses, medical expenses and Kennel is released from all liability related to the transportation and treatment of the pet.

In the event that you leave your pet(s) at the Kennel for over 10 days after the scheduled pick up date or our notification to you that the pet needs to be picked up, we will consider the pet abandoned and we reserve the right to dispose of the pet(s) if you do not make satisfactory arrangements with the Kennel.

The Owner has read the above statement and agrees to the conditions named therein.

SIGNED: _____

ADDITIONAL PETS:

<p>PET'S NAME: _____</p> <p>MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></p> <p>SPAYED/NEUTERED: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>BREED: _____</p> <p>COLOR: _____ AGE: _____</p> <p style="text-align: center;">MEDICAL PROFILE:</p> <p><input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HAS SEIZURES</p> <p><input type="checkbox"/> ARTHRITIC <input type="checkbox"/> HAS FOOD ALLERGIES</p> <p style="text-align: center;">AGGRESSIVE WITH:</p> <p><input type="checkbox"/> OTHER DOGS <input type="checkbox"/> PEOPLE</p> <p><i>COMMENTS ABOUT THIS PET:</i> _____</p>	<p style="text-align: center;">VACCINATION DATES:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">BORDETELLA</td> <td></td> </tr> <tr> <td>DISTEMPER</td> <td style="text-align: right;">1YR/3YR</td> </tr> <tr> <td>RABIES</td> <td style="text-align: right;">1YR/3YR</td> </tr> </table> <p style="text-align: center;">KENNEL PROFILE:</p> <p><input type="checkbox"/> FEARFUL <input type="checkbox"/> BITES <input type="checkbox"/> ESCAPES</p> <p><input type="checkbox"/> QUIET <input type="checkbox"/> NOISY <input type="checkbox"/> JUMPS FENCES</p> <p style="text-align: center;">EATING HABITS:</p> <p><input type="checkbox"/> GOOD EATER <input type="checkbox"/> GRAZES <input type="checkbox"/> PICKY EATER</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-size: small;">IF PET IS NOT EATING WELL WHILE BOARDING CAN WE ADD ANY ENTICEMENTS TO FOOD?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> </div>	BORDETELLA		DISTEMPER	1YR/3YR	RABIES	1YR/3YR
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