

## New Client Intake Form

Date \_\_\_\_\_

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Last Name First Name Phone

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Alternate Contact Phone

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Street Address City State Zip

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Email Drivers License Number and State

### Emergency Contacts

Please provide the name and phone number of someone local that you trust to be able to pick up your pets if needed in an emergency situation.

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Vet Clinic Name Vet Phone

**Kennel Staff shall not be held liable for any sickness (including but not limited to Kennel Cough) or injury, loss, or 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 the Kennel to transport the pet(s) to a 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 and Kennel is released from all liability related to the transportation and treatment of the pet(s).

### Abandonment Clause

In the event 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 from the premises, we will consider the pet abandoned. The Kennel reserves 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.

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Signature of Owner

Date

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Witness Initials

## Pet Information

\_\_\_\_\_  
Pet's Name

Male

Female

Neutered

Spayed

\_\_\_\_\_  
Breed

\_\_\_\_\_  
Color

\_\_\_\_\_  
Date of Birth or Approximate Age

## Medical Profile

Blind  Deaf  Arthritic

Seizures  Allergies

Dog Aggressive  Food Aggressive

Men Only

Women Only

## Kennel Profile

Fearful  Bites  Escapes

Quiet  Noisy  Fence Jumper

## Feeding Profile

Good Eater  Grazes  Picky

If not eating well, may entice them