

General Information

Owner's Name		Home	
Street & No.		Cell	
Town, Prov.		Emergency	
Postal Code		Other	
Email			
Dog's Name		Age	
Breed		Sex	
Color		Spayed/neut	
Vet		phone	
Allergies			
Health problem			
Comments			

Has the dog ever been aggressive towards humans? never 1-2 times more

Has the dog ever been aggressive towards other dogs? never 1-2 times more

How often does the dog meet other dogs? never rarely often

Is the dog allowed off-leash in a not-fenced-in area? yes no

Is the dog possessive of food/toys? yes no

Is the dog house trained? yes no

Describe your dog's behaviour with strangers (all that apply) loves them friendly indifferent
 timid unsure at first
 growls, no bite growls, might bite

Describe your dog's behaviour with other dogs (all that apply) loves playing friendly plays rough
 indifferent unsure at first timid
 growls, no bite growls, might bite
 doesn't like small dogs doesn't like big dogs

When was the date or year of the last vaccination?

Rabies _____ DAP2 _____

Bortetella _____ Leptospirosis _____

If the dog is not up-to-date on its vaccinations or can not be vaccinated because of allergic reactions or age with your signature below you acknowledge that it is your decision to board under these conditions, that you assume full liability for any problems arising out of the missing vaccination, be it to your dog or any other animal that may be affected and that Kennel Land is not held responsible if your dog should catch a virus because of this.

I hereby state that all of the above is true and to my best knowledge. I also state that my dog is fully vaccinated against Rabies and will be kept updated on the immunization in the future.

Date _____ Signature: _____

Owner's name: _____

Check in		Time		<input type="checkbox"/> pick-up shuttle service required
Check out		Time		<input type="checkbox"/> drop-off shuttle service required

Dog's name	Please choose package	Extras
Dog 1:	<input type="checkbox"/> no walk <input type="checkbox"/> 1 walk <input type="checkbox"/> 2 walks	<input type="checkbox"/> bath <input type="checkbox"/> brushing <input type="checkbox"/> nails

Feed AM _____ **Meds:** _____
Amount PM _____ **Meds:** _____

Dog 2:	<input type="checkbox"/> no walk <input type="checkbox"/> 1 walk <input type="checkbox"/> 2 walks	<input type="checkbox"/> bath <input type="checkbox"/> brushing <input type="checkbox"/> nails
---------------	---	--

Feed AM _____ **Meds:** _____
Amount PM _____ **Meds:** _____

Dog 3:	<input type="checkbox"/> no walk <input type="checkbox"/> 1 walk <input type="checkbox"/> 2 walks	<input type="checkbox"/> bath <input type="checkbox"/> brushing <input type="checkbox"/> nails
---------------	---	--

Feed AM _____ **Meds:** _____
Amount PM _____ **Meds:** _____

Comments:

I understand and agree that in admitting my dog(s), Kennel Land has relied upon my full representation of the health, the temperament and behaviour and the obedience of my dog(s). I understand that there are risks associated with having my dog(s) socialize with other dogs, being off-leash (where applicable) and being around other animals and people. I recognize that Kennel Land will make every reasonable effort to minimize these risks, but I accept that by the pure nature of dogs, accidents and injuries may still occur.

I further understand that due to the way dogs interact with one another, cuts, scratches and other injuries can occur even though the dogs are carefully supervised at all times.

I hereby release and agree to save and hold harmless, Kennel Land, it's directors, officers, shareholders, employees, assistants, members and agents from any and all liability, claims, suits, actions, losses, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify Kennel Land for any and all such liability, claims, suits, actions, losses, injury or damage. I agree that I am financially responsible for any and all actions of my dog(s) that result in injury to another dog or human and for any damage caused by my dog(s) to anybody's property or objects while staying at Kennel Land.

I understand that having my dog(s) in the company and environment of other dogs may involve risks regarding the contraction of illness. I agree that even regular vaccinations cannot guard against illness and disease, and that Kennel Land cannot in any way prevent, nor are they responsible for any illness that my dog(s) might contract. I hereby agree that if my dog is found with the presence of fleas or ticks, or with the signs of any illness or disease the dog will be treated immediately at my expense.

While my dog is in the care Kennel Land in the event of an emergency, I authorize Kennel Land and its representatives to seek immediate veterinary care for my dog at their discretion. I understand that all costs in connection with veterinary, medical and/or other treatment, including transportation and other incidentals shall be my sole responsibility and will be paid immediately upon pick-up of my dog(s). Kennel Land will make every effort to contact me for approval, where time and circumstances permit, prior to seeking veterinary care. Kennel Land is authorized to make any needed decision concerning medical treatment and care up to: the amount of \$ _____ / no limit.

I certify that I have read and understood the rules, regulations and policies of Kennel Land set forth herein and on their website. I agree to accept all the terms, conditions and statements of Kennel Land and confirm the truthfulness of the contents of the Kennel Land forms completed by the undersigned.

Date

Signature