

DURHAM KENNELS

Registration

Owner's Name _____ Email _____
Address _____ City _____ Zip _____
Pet's Name _____ Breed _____ M F Age _____

MEDICAL HISTORY

Name of Vet _____ Phone _____ Date of last vet exam _____
Tests/vaccines given (Please check): ___ Fecal exam ___ Bordetella vaccine Other (please specify): _____
Name of flea preventative _____ Date last administered _____
Heartworm medication _____ Date last administered _____
____ Yes, I have provided a current immunization record and my pet is current on all vaccines.
Is your pet currently under treatment for any medical condition? If so, please describe: _____

Has your pet had any type of infectious disease within the last two years? If so, please describe: _____

Has your pet ever exhibited aggressive behavior? If so, please describe: _____

PLEASE READ AND ACKNOWLEDGE BY SIGNING BELOW

MEDIA PERMISSION

____ Yes, I give Durham Kennels permission to photograph or videotape my pet and publish pictures or video on Facebook or DurhamKennels.com.

____ No, I do not give permission for my pet to be photographed or videotaped.

EMERGENCY TREATMENT

Jim Durham (or any employee of Durham Kennels) has my permission to seek treatment at the closest available veterinarian's office or emergency clinic for any medical condition or injury to my pet that occurs at any time during the training or boarding period. I agree to be responsible for all costs incurred.

DAMAGE TO PROPERTY

I agree to be responsible for all costs incurred due to damage done by my pet to property, other dogs, or kennel employees.

TERMINATION OF BOARDING/TRAINING

I understand that training or boarding may be terminated, effective immediately, if my pet is found to be a threat or a health risk to kennel employees or other dogs. If training is terminated, a fee of \$75.00 per day will be assessed up to ten (10) days. If training is terminated after ten days, the entire training fee will be retained.

FOLLOW-UP CLASSES

All six training classes must be completed within eight weeks of the dog's pick-up date. A fee of \$60 per class will be charged for any additional classes.

Signature _____ Date _____
