

DURHAM KENNELS

"Boarding and training in a caring home environment"

REGISTRATION AND BOARDING/TRAINING AGREEMENT

OWNER'S NAME _____
PHONE Home _____ Work _____ Cell _____
ADDRESS _____ CITY _____ ZIP _____
PET'S NAME _____ BREED _____ M F AGE _____
ARRIVAL DATE _____ TIME _____ DEPARTURE DATE _____ TIME _____

EMERGENCY CONTACT INFORMATION

NAME _____
PHONE Home _____ Work _____ Cell _____
RELATIONSHIP TO OWNER _____

MEDICAL HISTORY

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:

Name of vet _____ Phone _____
Address _____ City _____ Zip _____
Date of last exam _____ Tests performed: _____ 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.

PLEASE READ AND ACKNOWLEDGE BY SIGNING BELOW:

Jim Durham (or an 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 this training or boarding period. I agree to be responsible for all costs incurred.

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

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.

Signature _____ Date _____

TOTAL BOARDING FEE _____ # OF DAYS _____ AMOUNT RECEIVED _____ BALANCE _____
TOTAL TRAINING FEE _____ DEPOSIT RECEIVED _____ BALANCE DUE _____ DATE _____