

DURHAM KENNELS

Registration

Owner's Name _____ Phone _____

Address _____ City _____ Zip _____

Emergency contact number _____ Email _____

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 _____

Name of heartworm medication _____ Date last administered _____

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:

Is your dog spayed or neutered? ___ Yes ___ No

PLEASE READ AND ACKNOWLEDGE BY SIGNING BELOW

MEDIA PERMISSION

I give Durham Kennels permission to photograph or videotape my pet and publish pictures or video on Facebook or durhamkennels.com. ___ Yes ___ No

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 period. I agree to be responsible for all costs incurred.

PROPERTY DAMAGE OR INJURY

I agree to be responsible for all costs incurred due to property damage by my dog or any injury to a kennel employee.

TERMINATION OF TRAINING

I understand that training 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 within the first ten days, a fee of \$100.00 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. If this condition is not met, a fee of \$100 per class will be charged for any additional classes.

___ Yes, I have provided a current immunization record and my pet is current on all vaccines.

Signed _____ Date _____

Training fee _____ Deposit _____ Amount Received _____ Balance Due _____