



**Blue
Ribbon
Kennels**

Dates Requested

Drop off: *AM* *PM*
Pick up: *AM* *PM*

Application for Kenneling

Dog's Name: _____ Breed: _____
DOB: _____ Age: _____ Sex: M F Spayed/Neutered: Y N
Color/Markings _____
Tattoo/Chip _____
Pet's Clinic/Veterinarian: _____
Phone: _____
Vaccination Records sent? Y N

Food Brand fed: _____ **Amount per day:** _____

Owners Name: _____
Home Phone: _____ Bus: _____ Cell: _____
Email: _____

Does your dog have any medical conditions/allergies, sensitivities we should be aware of?

Commands he knows:

Does your dog have any undesirable habits such as barking, chewing, digging? Jumping 6 ft. fences?

Please supply information about your dog that you feel would help to make his stay with us as comfortable as possible.

How Did You Hear About Us?

Alternative and/or Emergency contact person who is authorized to pick up and make decisions about your pet:

Name:

(Please be sure the above person is available to us by phone and is aware that you will be leaving your dog(s) with us).

Home Phone:

Bus:

Cell:

Email:

For your dog's comfort please bring a large blanket, bed, toy and treats. These items will not be shared with other dogs, however we can't guarantee they will come back to you.

Blue Ribbon Kennels reserves the right to refuse any dog.

We require all dogs be vaccinated against Parvovirus, Rabies, Distemper and Bordetella. Allow 10 days between vaccinations and their stay. Please attach a copy of your dog's current vaccination records to this application or bring it with you when you bring your dog to be boarded. We do accept titres.

If Boarding and Training, I understand that my dog will not always be in the kennel area. Any damages to home or property are my responsibility. I agree to allow Blue Ribbon Kennels to care for and help train my dog. Including obedience, behaviour modification, household manners.

I certify that I am the owner or agent of the owner of the aforementioned dog and that I am authorized to leave the dog for boarding at Blue Ribbon Kennels and sign this form. I authorize Blue Ribbon Kennels to contact my veterinarian to confirm health and vaccinations. I give consent to Blue Ribbon Kennels to act on my behalf to obtain veterinary care at my expense should Blue Ribbon Kennels deem it necessary. I agree to pay for any damages caused or costs incurred by my dog while at Blue Ribbon Kennel. I release Blue Ribbon Kennels and its agents and employees from any liability or claim due to injury or death of my dog, unless Blue Ribbon Kennels has been negligent in the care of my dog. I understand that under no circumstances will Blue Ribbon Kennels be liable for any consequential damages or demands. This agreement is in effect until revoked in writing.

Signed

Date

Important! Completing this form does not confirm your reservation, you will be notified by email within 24hrs.