

RED WOOF INN

J & B Boarding Kennel

1340 West Kane Road, Kane PA 16735

Primary Phone: 760-713-1267 - Secondary phone: 814-335-2716

REGISTRATION FORM - PLEASE PRINT

Client Name: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Cell: _____

Emergency contact: _____ Phone: _____

Vet: _____ Phone: _____

Vaccinations

State Requirement: Up to date DHLPP (Distemper, Hepatitis, Parvo, Para influenza) Kennel Cough (Bordetella), Rabies vaccine with Rabies Certificate. We must also have a copy of **PA dog license certificate**.

Terms of Agreement

- **J & B Kennels** will provide a clean, safe, and comfortable environment for your pet. If your pet should develop a medical problem or become injured while in our care, all reasonable efforts will be made to contact the pet owner and/or the emergency contact provided. Failing to reach either we will contact a veterinarian. If it is an emergency situation we will provide immediate medical care. Round trips to the vet and associated vet costs are the responsibility of the pet owner and will be included in the boarding invoice.
- Hours are 8 AM to 2 PM. Check out time is 2 PM. A full day will be charged for pickups after 2 PM. Reservations must be canceled at least 48 hours prior. If not, and we must turn clients away, you will be charged for the full reservation.
- Customers are asked to provide their own pet food to avoid an up-set. If required, we will provide food at a charge of 1 cup, AM & PM, at \$3.00 per day.
- We DO NOT accept responsibility for any injury, death, and property damage or loss sustained by you or your pet, which may occur because you used our services, unless we have been unreasonably negligent.

Dog #: _____

Dog's Name: _____

Neuter/Spay: **Y / N**

Feeding Information:

____ Bringing our own Time: AM _____ Amount _____ cups (8oz) Can _____

____ Kennel provided PM _____ Amount _____ cups (8oz) Can _____

Any Special Feeding instructions: _____

Medical Information:

Allergies: **Y / N**

If so, explain: _____

Does your pet require medication: **Y / N** If yes, please complete below:

Name: _____ Dosage: _____ Reason: _____

Instructions: _____

Name: _____ Dosage: _____ Reason: _____

Instructions: _____

Temperament:

- Does your pet bite? **Y / N**
- Has your pet ever bitten anyone or another animal? **Y / N** If yes, please explain:

- Does your pet socialize well with people? **Y / N** With other animals? **Y / N**
- Has your pet ever growled at another person or animal? **Y / N**
- Does your pet jump? **Y / N**
- Can your pet climb or jump over a 6-foot chain link fence? **Y / N**
- Does your dog play well with other dogs? **Y / N**
- Is your dog allowed to play together with other dogs? **Y / N**
- Has your dog ever shown aggressive behavior to a person? **Y / N**
- Has your dog ever shown aggressive behavior to another dog? **Y / N**
- Is there something that will trigger your dog (like a cat, car, bicycle, horse, cow, thunder, etc)? **Y / N**
If yes, please explain: _____

APPROVED PICK UP LIST

This will authorize the person to pick your dog up in your absence.

Must have matching photo ID

NAME:

PHONE:

1st _____

2nd _____

3rd _____

Owners signature: _____