

Dog Sleep-Over Info

OWNER INFO

Name:		
Street Address:		
City:	State:	Zip:
Cell Phone Number:		
Email:		

DOG INFO

Name(s):		
Sex:	M	F
Neutered/Spayed?	Y	N
		Age(s)
Breed(s):		
Feeding schedule (amount and time of day):		
Allergies/foods that cause stomach upset:		
Medication(s) & dosage(s):		
Veteranarian:		
Street Address:		
City:	State:	Zip:
Phone Number:		
In case of emergency, I/we agree that Kindred MT, LLC & Michele Kondos:		
<input type="checkbox"/> may NOT seek medical care for my dog(s) until I am contacted & give verbal permission & instructions.		
<input type="checkbox"/> may seek medical care for my dog(s) up to the amount of \$ _____ in the event I cannot be reached.		
<input type="checkbox"/> may seek medical care for my dog(s) with no limit to the cost in the event I cannot be reached.		

LOCAL CONTACT

In the event of a personal emergency that were to prevent Kindred MT, LLC & Michele Kondos from continuing care of your dog(s), please provide the following information of a family member or friend who is local and can be contacted to pick up your dog(s).

Name:

Street Address:

City:

State:

Zip:

Cell Phone Number:

VACCINATIONS

Vaccinations must be administered at least 48 hours prior to arrival by a licensed veterinarian. However, vaccinations are best administered 10-14 days before prior to arrival to ensure maximum efficiency.

Please attach a copy of your dog's vaccinations

DPP with Adenovirus (Distemper, Parvovirus & Parainfluenza) 1 or 3-yr. vaccine required

Bordetella Required every 6 months (or as required under the applicable law of your jurisdiction or residence). Please note that many veterinarians administer this vaccine for Kennel Cough only by request.

Rabies 1 or 3-yr. vaccine required

OTHER STUFF

What is a typical potty schedule. Will your dog signal the need to go (whine, bark, ring bell?)

Please use this space to list commands your dog understands, quirks and any special needs or requests