



Gone Wild Kennels

P.O. Box 8 Site 14 RR1

Cochrane, AB T4C 1A1

403-932-7570

Web Site: www.gonewildkennels.com

e-mail: gwkennel@telus.net

Instructions: If you have more than one dog, each dog does not need a separate form. However, please indicate each vital statistic separately.

Boarding Application

Tell Us About Yourself

Name _____

Address _____ Apt. _____

City _____ Prov. _____ Postal Code _____

Home Phone _____ Fax _____

Work Phone _____ Emergency Phone _____

Email _____ Cell Phone _____

Who else is authorized to drop off/pick up the pet(s)? _____

Instructions in Case of Emergency

How did you hear about us? _____

Do you require a pickup or delivery for your dog? _____

Tell Us About Your Pet

Name _____ Breed _____ DOB/Age _____

Sex: Male / Female

Spayed / Neutered: Yes / No*

* If Female Un-spayed, Date of Last
Cycle _____

Weight _____ Colour _____ Special Markings? _____

How does your dog get along with other dogs? _____

People? _____

Under what conditions does your dog growl, snarl, bark or cry?

Has your dog ever bitten or been bitten? _____

Has your dog used any daycare/boarding facility before ?

Yes* / No

* If yes, where? _____

Tell Us About Your Pet's Health

Veterinarian: Dr. _____ at _____ Clinic/Hospital

Address

Phone Number _____

Please describe your pet's general health (Include any current medical conditions)

Allergies (If any)

Current Medications _____

Frequency & Time Administered

Date of Last Complete Physical Exam

Vaccination Record (Fill in yourself or have your vet office fax us a copy). Vaccinations must be completed 2 weeks prior to check-in.

Rabies? _____ Date Administered _____ Date Due _____

DA2PPV? _____ Date Administered _____ Date Due _____

Parvo? _____ Date Administered _____ Date Due _____

Bordatella? _____ Date Administered _____ Date Due _____

A copy of the Vaccination Record is required.

If there is a medical emergency, we use Big Hill Veterinary in Cochrane. They are a 24 hour Vet Service.

Tell Us About Your Pet's Daily Routine

Wake-up Time _____

Regular Food: Brand _____ Variety _____ Feed Times _____

Quantity _____ Instruction _____

Exercise/Walk _____ Times _____

Typical Elimination Time

Sleep Time _____

Favourite Activities/Toys/Buzz Words _____

Items Brought/Luggage _____

Agreement

I certify that I am the owner or agent of the owner of the aforementioned pet, and that I am authorized to board the pet and sign this form. I authorize Gone Wild Kennels to contact my veterinarian in order to confirm health, temperament and vaccinations. I give consent to Gone Wild Kennels to act on my behalf to obtain veterinary care at my expense, should Gone Wild Kennels deem it necessary. I have read this schedule of fees and agree to pay all charges at checkout, unless previously arranged. I release Gone Wild Kennels (and its agents and employees) from any liability or claim due to injury or death of my dog, unless Gone Wild Kennels has been negligent in the care of my dog. I understand that under no circumstances will Gone Wild Kennels be liable for consequential damages or demands beyond the replacement value of my dog.

Signed _____ Date _____