



## Check-In Exam & Kennel Agreement

**Date:** \_\_\_\_\_

<b>Pet Name:</b>	<b>Weight:</b>
<b>Breed:</b>	<b>Age:</b>
<b>Owner Name:</b>	<b>Pet Color/Length:</b>
<b>Rescue or Stray Dog?</b> <i>(Please circle)</i>	
NO                      YES (ADL)                      YES (HUMANE SOCIETY)                      YES (OTHER)                      STRAY/HOMELESS	
<b>Any food or medication allergies?</b> NO   YES – Details:	
<b>Escape artist or fence climber?</b> NO   YES – Details:	
<b>Aggressive behavior or history of dog bites?</b> NO   YES – Details:	
<b>Previous surgeries or pre-existing conditions?</b> NO   YES – Details:	
<b>Flea Prevention?</b> NO   YES – Details (date last applied):	
<b>Any other information we should know?</b>	

*Please read and initial each number:*

- \_\_\_\_\_ Owner agrees to pay all boarding charges associated with pet(s) left in Cowboy Kennels care.
- \_\_\_\_\_ Owner agrees to pay all Veterinarian charges for pet(s) if Eagle Veterinary Hospital provides any veterinary services for said pet(s) while staying at Cowboy Kennels.
- \_\_\_\_\_ Owner specifically ensures to the best of their knowledge that dogs have not been exposed to Rabies, Distemper, Parvovirus, or Canine Cough within a thirty-day period prior to boarding, and cats have not been exposed to feline upper respiratory infections, Leukemia, or Rabies in the last 30 days.
- \_\_\_\_\_ We will accept your bed and toys but we cannot guarantee the return in same condition. Please be aware that there is a possibility your animal could destroy their items left with them.
- \_\_\_\_\_ For the best immunity response, the Bordetella vaccine and CIV should be given at least one week prior to dogs entering Cowboy Kennels.
- \_\_\_\_\_ Owner agrees to pick-up and pay for said pet(s) that have been left in the care of Cowboy Kennels. If the owner should abandon said pet(s) Cowboy Kennels will do their best to find a home for the pet.
- \_\_\_\_\_ I understand that if my pet is not on any flea prevention, Cowboy Kennels will perform a thorough check for fleas and ticks. If CK feels necessary, I understand they will administer a Capstar pill to my pet for a cost of \$9.50.

**Pet Check-IN Date:** \_\_\_\_\_

**Pet Check-OUT Date:** \_\_\_\_\_

Yes, I want my dog bathed or groomed on this date: \_\_\_\_\_

No, I do not want my dog to be bathed and I do understand that my pet(s) may be dirty at the time of pick-up due to outside playtimes. I have read this agreement and I understand and accept all terms. \_\_\_\_\_ (Initial)

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client #: \_\_\_\_\_

STAFF ONLY