Perfect Place Boarding Kennel
Registration Form

Name: _____   Phone: _____

Mailing Address: _____

Postal Code: _____   Cell/E-mail: _____

Emergency Contact: _____   Phone: _____

VET: _____   Phone: _____

How did you hear about us? _____

Statement of Terms:

By signing this form you recognise that all information provided is accurate to the best of your knowledge. This includes having up to date vaccinations and a complete behavioural history. You also accept responsibility for any transport or veterinarian costs incurred during your pets visit. In return, Perfect Place Boarding Kennel will provide a clean, safe, and comfortable environment for your pet. Should your pet 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. If neither can be reached we will contact a veterinarian as appropriate. **We will provide immediate medical care in emergency situations**. Perfect Place Kennel is **not** responsible for any injuries, deaths, and/or property damage caused by or to your animals, except in circumstances of unreasonable negligence.

Please note that check out time is **10 am**. Any animals picked up after this time will be charged for the full day. While we ask that you provide your own pet food, food can be provided at an additional charge of **$2.00** dollars per day, per animal. Any medications that require injection can be administered at a charge of **$2.00** per day. After hours service is only available with authorisation from the owners, and will require an additional fee.

Date: _____   Signature: _____

Dog History and Instructions

Dog Name: _____   I would like to enroll my dog in
                                        camp/socialisation (if possible): ☐

F / M   **Spayed/Neutered**   Y ☐   N ☐   Year of Birth: _____

Breed: _____   Colour: _____   Age when adopted: _____

Where did you get your dog? Store ☐ Breeder ☐ Rescue ☐ Other: _____

Is your dog friendly towards other people? Y ☐   N ☐   ? ☐

Is your dog friendly towards other dogs?   Y ☐   N ☐   ? ☐

Is your dog ever afraid, skittish or shy?   Y ☐   N ☐   ? ☐

Is your dog aggressive when frightened?   Y ☐   N ☐   ? ☐

What age was your dog removed from the litter? _____

Has your dog ever bit or attempted to bite another dog or person?
(if yes, we may require you provide a muzzle)   Y ☐   N ☐

NOTES   (Feeding instructions, medical notes, specific triggers, etc.)

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STAFF ONLY: Form expires ___/____/_____