



# SLATE CREEK KENNELS

## OWNER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ (For reservation reminders)

Veterinary Clinic Name \_\_\_\_\_ Phone: \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION

Be sure to list someone you trust to make decisions in case of an emergency. Please notify this individual that you have listed them as a contact.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



**GUEST INFORMATION** (please submit one form for each pet)

Pet's Name: \_\_\_\_\_ Micro Chip: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_ Spayed/Neutered: Y N

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Allergies or Illnesses: \_\_\_\_\_

**ABOUT YOUR PET**

Please check all that apply:

- |                                       |                                  |   |  |
|---------------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Happy        | <input type="checkbox"/> Playful | <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Escape Artist |
| <input type="checkbox"/> Barks a lot* | <input type="checkbox"/> Rowdy   | <input type="checkbox"/> Chews              | <input type="checkbox"/> Shy/Fearful   |
| <input type="checkbox"/> Aggressive   | <input type="checkbox"/> Herder  | <input type="checkbox"/> Climber            | <input type="checkbox"/> Plays Fetch   |
| <input type="checkbox"/> Cuddly       | <input type="checkbox"/> Sweet   | <input type="checkbox"/> Digger             | <input type="checkbox"/> Socialized    |

*\*Does your dog wear a bark collar? If so, please include with your pet's belongings.*

Comments about your dog that you feel may be helpful:

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Has your dog ever displayed aggression towards other dogs/people:

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Has your dog ever bitten another dog or person:

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