

Client

Contact

Last name		First name	
Street address			
City		State	ZIP+4
Home phone	Work phone		Emergency phone
Other phone(s)			
Email			
Alternate caretaker (if applicable)			

Pet #1

Pet name		<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed		DOB/Age	Weight
Breed/Mix/Description/Color			
Primary vet		Alternate vet (if applicable)	

Pet #2

Pet name		<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed		DOB/Age	Weight
Breed/Mix/Description/Color			
Primary vet		Alternate vet (if applicable)	

Pet #3

Pet name		<input type="checkbox"/> Dog <input type="checkbox"/> Cat	
<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed		DOB/Age	Weight
Breed/Mix/Description/Color			
Primary vet		Alternate vet (if applicable)	

How did you hear about us?

- Veterinarian
 Word of mouth
 Phone book
 "Criticter" magazine
 Ad/flyer
 Other _____

Assumption of Risk / Permission to Obtain Veterinary Care

I hereby waive and release the owners and staff of Meadowbrooke Kennel (Godiva Kennels, LLC) from any and all liability of any nature, for any injury and/or damage which I or my pet(s) may suffer, including specifically, but not limited to, any injury or damage resulting from the action of my pet(s) or any other pets on the premises. I expressly assume the risk of any such injury or damage while my pet(s) are boarding at the kennel, or while on the grounds or the surrounding area thereto.

Meadowbrooke Kennel personnel are expressly granted the right to transport my pet(s) to or in any other way to obtain assistance from any licensed veterinarian as deemed necessary by such personnel.

Signature: _____ Date: _____