

# The Kennel Klub

9040 Hwy 6 North  
Houston, Texas 77095  
281-815-2488  
281-463-1139 Fax

# PET REGISTRATION

Owner: Michael Schultz  
Manager: Cori Schultz

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

## Owner Info

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_

1<sup>st</sup> Emergency # \_\_\_\_\_ 2<sup>nd</sup> Emergency # \_\_\_\_\_

## Veterinarian Info

Office Name \_\_\_\_\_ Preferred Veterinarian Dr. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## Pet Info #1

Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_

Color/ Markings \_\_\_\_\_ Micro- Chip # \_\_\_\_\_

Sex: Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Intact Female \_\_\_\_\_ Intact Male \_\_\_\_\_

Inoculation History (Copy of current shot records must be attached to this form)

Expiration Dates:

Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Corona \_\_\_\_\_ DHLPP \_\_\_\_\_ Parvo \_\_\_\_\_

Feline Inoculations (Please list) \_\_\_\_\_

Feeding Instructions

AM \_\_\_\_\_ PM \_\_\_\_\_ Owner food \_\_\_\_\_ Brand \_\_\_\_\_ Kennel Food \_\_\_\_\_

Food amount per feeding \_\_\_\_\_ Other Instructions \_\_\_\_\_

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## Pet Info #2

Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_

Color/ Markings \_\_\_\_\_ Micro- Chip # \_\_\_\_\_

Sex: Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Intact Female \_\_\_\_\_ Intact Male \_\_\_\_\_

Inoculation History (Copy of current shot records must be attached to this form)

Expiration Dates:

Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Corona \_\_\_\_\_ DHLP \_\_\_\_\_ Parvo \_\_\_\_\_

Feline Inoculations (Please list) \_\_\_\_\_

Feeding Instructions

AM \_\_\_\_\_ PM \_\_\_\_\_ Owner food \_\_\_\_\_ Brand \_\_\_\_\_ Kennel Food \_\_\_\_\_

Food amount per feeding \_\_\_\_\_ Other Instructions \_\_\_\_\_

## Pet Info #3

Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_

Color/ Markings \_\_\_\_\_ Micro- Chip # \_\_\_\_\_

Sex: Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Intact Female \_\_\_\_\_ Intact Male \_\_\_\_\_

Inoculation History (Copy of current shot records must be attached to this form)

Expiration Dates:

Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Corona \_\_\_\_\_ DHLP \_\_\_\_\_ Parvo \_\_\_\_\_

Feline Inoculations (Please list) \_\_\_\_\_

Feeding Instructions

AM \_\_\_\_\_ PM \_\_\_\_\_ Owner food \_\_\_\_\_ Brand \_\_\_\_\_ Kennel Food \_\_\_\_\_

Food amount per feeding \_\_\_\_\_ Other Instructions \_\_\_\_\_

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Medications for \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> Medication Name \_\_\_\_\_ Amount \_\_\_\_\_

Purpose of Medication \_\_\_\_\_ AM NOON PM

2nd Medication Name \_\_\_\_\_ Amount \_\_\_\_\_

Purpose of Medication \_\_\_\_\_ AM NOON PM

### Contractual Agreement

I, \_\_\_\_\_, do hereby entrust The Kennel Klub to care for my pet(s) during their grooming, boarding, training, etc. and agree to all the terms listed below/

I authorize The Kennel Klub to do whatever they deem necessary for the health and well being of my animals and agree to pay any and all expenses related to the same.

I agree to pay daily board at The Kennel Klub posted rates. If my pet(s) requires Special Care (for geriatrics, etc) I authorize The Kennel Klub to provide that care and agree to pay for those services

I agree to pay for any auxiliary services or products requested by me such as playtimes, transportation, grooming, medication etc.

I agree that I am solely responsible for any damages that my pets may cause through malicious or improper conduct.

\*\*\* You are more than welcome to bring your bedding, toys, food but The Kennel Klub is not responsible for any items that are lost, or misplaced. \*\*\*

**Signature of owner or owner's agent** **X** \_\_\_\_\_

Please list any additional information that can assist us in providing a positive experience for your pet, as well as tendencies they may exhibit. (Ex: fear of thunder, head shy, dog aggressive, loves water, plays catch, etc) Thank you for choosing our Home away from Home. Use reverse side if needed:

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## Medical Release

I, \_\_\_\_\_, do hereby entrust The Kennel Klub to care for my pet (s) \_\_\_\_\_ for boarding stays and agree to all of the terms listed below.

If medical attention is needed, I agree to pay for any and all expenses relating to my pet(s). The Kennel Klub will make every effort to contact me or my emergency contact. However, if I or my emergency contact is unreachable and an immediate decision must be made, then The Kennel Klub may initiate veterinary care and treatment for my pet. If this becomes necessary, please limit treatment cost to : \$\_\_\_\_\_ .

Special Instructions:

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If costs do not exceed \$350.00, The Kennel Klub may pay for treatment, in which case I will reimburse The Kennel Klub for all monies owed. If costs exceed \$350.00, I authorize The Kennel Klub to charge fees not to exceed the above amount to my credit card.

Type of card:    MasterCard    Visa    Am. Express    Discover

Card number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CUI: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Mailing Zip Code: \_\_\_\_\_

I do not wish to leave a credit card on file.

I have read this agreement on this date, \_\_\_\_\_, understood its term, and signed it freely.

**Signature of owner or owner's agent:** \_\_\_\_\_

NOTE: This information will NOT be entered into our computers, Any and all credit card information will be kept confidential and in our file.

