

Midwest Dog Boarding – Registration Form.

Owner(s) Name: _____ Email: _____

1st Cell Phone: _____ 2nd Cell Phone: _____

Land or Alternative Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Other People allowed to pick up your pets: _____

I certify the information for my pet(s) is correct: _____
Signature Date

I give permission to Midwest Dog Boarding to use photos of my pet(s) for promotional purposes: YES or NO

Pet Information - Pet #1

Pet Name: _____ (Circle) Dog or Cat Breed: _____

Color: _____ Sex: _____ Neutered/Spayed (Y or N) _____ DOB/Age _____

Vet. Name/Office: _____ City: _____ State: _____ Vet Phone #: _____

Pet's Illnesses: (please list) _____

Medications: (Y/N) _____ List medication name & instructions: _____

Feeding Instructions: _____

Help us get to know your pet: (Y/N) _____ Aggression with animals or human _____ Food Allergies: _____ Behavioral issues: _____ Escape History

_____ Other If any yes please explain below or any other things we may need to know about your pet:

Pet Information - Pet #2

Pet Name: _____ (Circle) Dog or Cat Breed: _____

Color: _____ Sex: _____ Neutered/Spayed (Y or N) _____ DOB/Age _____

Vet. Name/Office: _____ City: _____ State: _____ Vet Phone #: _____

Pet's Illnesses: (please list) _____

Medications: (Y/N) _____ List medication name & instructions: _____

Feeding Instructions: _____

Help us get to know your pet: (Y/N) _____ Aggression with animals or human _____ Food Allergies: _____ Behavioral issues: _____ Escape History

_____ Other If any yes please explain below or any other things we may need to know about your pet:



Midwest Dog Boarding - Agreement

Thank you allowing us to care for your pet!

Midwest Dog Boarding agrees to exercise due and reasonable care, and to keep the kennel premises clean and properly enclosed. Midwest Dog Boarding further agrees to feed and water the pet(s) regularly, and provide daily exercise to your pet.

This is a binding contract between Midwest Dog Boarding and the Pet Owner.

Pet Owner(s) Name: _____

- Any part of a day counts as one day. For example; if a pet is dropped off at 5pm and picked up at 8am the next day, you will be charged 2 days, as this will count as your 2-day minimum.
- Late Drop Off or Pick Up. A \$50 fee will be charged if you drop off or pick up outside of scheduled hours.
- Label and bring food for your pet.
- All pet(s) MUST have proof of current vaccinations.
 - Required dog vaccinations: Bordetella (kennel cough), DHPPC (Distemper/Parvo), and Rabies.
 - Cat vaccinations: FVRCP, Rabies, and Leukemia.
- We will keep vaccinations on file for the next visit. Please bring updated vaccination records when expired.
- In case of emergency, every effort will be made to contact the Owner, if contact cannot be made, Midwest Dog Boarding will contact a veterinarian for medical treatment for your pet(s) and pet Owner will accept financial responsibility for any charges incurred.
- Pet owner releases Midwest Dog Boarding staff, owners and any representatives from any and all liability which you or your pet(s) may suffer including but not limited to injury, sickness, damage, or death resulting from participation in boarding, exercise, walks, or other activities of the business.

With my signature below, I certify that I have read and understand the boarding rules and I agree to abide by the above and accept all terms and conditions as set out.

Signature: _____ **Date:** _____

Pet Information - Pet #3

Pet Name: _____ (Circle) Dog or Cat Breed: _____

Color: _____ Sex: _____ Neutered/Spayed (Y or N) _____ DOB/Age _____

Vet. Name/Office: _____ City: _____ State: _____ Vet Phone #: _____

Pet's Illnesses: (please list) _____

Medications: (Y/N) _____ List medication name & instructions: _____

Feeding Instructions: _____

Help us get to know your pet:(Y/N)_____ Aggression with animals or human _____ Food Allergies: _____ Behavioral issues: _____ Escape History _____ Other _____ If any yes please explain below or any other things we may need to know about your pet:

Pet Information - Pet #4

Pet Name: _____ (Circle) Dog or Cat Breed: _____

Color: _____ Sex: _____ Neutered/Spayed (Y or N) _____ DOB/Age _____

Vet. Name/Office: _____ City: _____ State: _____ Vet Phone #: _____

Pet's Illnesses: (please list) _____

Medications: (Y/N) _____ List medication name & instructions: _____

Feeding Instructions: _____

Help us get to know your pet:(Y/N)_____ Aggression with animals or human _____ Food Allergies: _____ Behavioral issues: _____ Escape History _____ Other _____ If any yes please explain below or any other things we may need to know about your pet: