

Farmstead Kennels Registration

Date: _____ Owner's Name: _____ Email: _____

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

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How did you hear about us? _____

Emergency Contacts (Someone who can come and get your pet if necessary)

1. Name/Phone Number/Relationship: _____

2. Name/Phone Number/Relationship: _____

PET 1 INFORMATION

Pet Name: _____ Male/Female: _____ Dog/Cat: _____ Weight: _____ DOB: _____

Breed: _____ Color: _____ Neutered/Spayed: _____

Diet Instructions (if yes, explain): _____

How long have you had this pet?: _____

This pet is from: Store _____ Breeder _____ Rescue _____ Stray _____ Other _____

Has your pet ever bitten a person? (Details): _____

Has your pet ever bitten another dog or animal? _____

Do you want your pets to play with other pets?: Yes No Initials for consent: _____

Does your pet suffer from any of the following:

Seizures: _____ Allergies: _____ Arthritis: _____ Other: _____

Current Medications: _____

Medical Issues or Behavioral issues we should know about: _____

Special Care Notes: _____

PET 2 INFORMATION

Pet Name: _____ Male/Female: _____ Dog/Cat: _____ Weight: _____ DOB: _____

Breed: _____ Color: _____ Neutered/Spayed: _____

Diet Instructions (if yes, explain): _____

How long have you had this pet?: _____

This pet is from: Store _____ Breeder _____ Rescue _____ Stray _____ Other _____

Has your pet ever bitten a person? (Details): _____

Has your pet ever bitten another dog or animal? _____

Do you want your pets to play with other pets?: Yes No Initials for consent: _____

Does your pet suffer from any of the following:

Seizures: _____ Allergies: _____ Arthritis: _____ Other: _____

Current Medications: _____

Medical Issues or Behavioral issues we should know about: _____

Special Care Notes: _____

PAYMENT INFORMATION

WE ONLY ACCEPT CASH OR CHECK AT THE MOMENT!!!!!!!

DROP OFF-PICK UP

Drop-Off Date:_____ **Pick-Up Date:**_____

ACCOMODATIONS

Dog Standard Run: _____\$25/Day (1st Guest) \$20/Day (additional guest in same room)

Dog Luxury Suite: _____\$30/Day (1st Guest) \$25/Day (additional guest in same room)

Cat Standard Suite: _____\$20/Day (1st Guest) \$15/Day (additional guest in same room)

MEDICATIONS (Per Application)

Medication & Teatments (\$3.00):_____ **Insulin and Allergy Shots (\$5.00)**_____

EXIT BATH SPECIAL (Includes Bath, Blow Dry and Brush Out on Day of Pick-up)

Small (up to 20 pounds): \$25.00_____

Medium (from 21 to 50 pounds): \$30.00_____

Large (51 to 70 pounds): \$35.00_____

Extra Large (71 pounds and up): \$40.00_____

(Extremely long or thick hair dogs will be charged an additional cost. Ask for quote)

NOTE: If you plan on providing your pets daily food- Please wrap food in a container(s) (ex. Ziplock bag(s), etc.) with your pet(s) and owner name clearly marked. Also, we will only allow two play toys per pet and you may not leave your pets collar or leash.

Owners Signature_____ **Date:**_____

