

Copper Creek Kennels



Dog & Cat Bed and Breakfast

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coppercreekkennels@hotmail.com

675 East Road Loop, P.O. Box 1807, Bancroft, Ontario K0L 1C0 • 613-338-2377

Your Name: _____

Mailing Address: _____

Home Telephone: _____ Emergency Number: _____

Your Dog's/Cat's Name: _____ Male/Female Spay/Neuter?

Breed and Approximate age: _____

Is your pet currently taking any kind of medication? YES _____ NO _____

If YES please explain the type of medication, when they are to receive it and the amount given for each dose.

Vet's name: _____ Telephone/Emerg. Number: _____

Date of last shots: _____

Please show proof of Kennel Cough Shot and Vaccinations

Items brought with your pet: BED _____ Blanket _____ Toys _____ Treats _____ Other _____

If OFF LEASH, I agree not to hold Copper Creek Kennel responsible if my dog runs off.

Signature

Does your dog get along with other dogs? YES _____ NO _____

Has your dog ever shown aggression toward another pet? YES _____ NO _____

Please provide anything else you feel we should know about you pet. (ie. Afraid of Thunder Storms, not allowed treats, doesn't like children, aggression toward other pets like cat...)

I give my permission to Copper Creek Kennels to take my pet to the Vet and I agree to pay any costs incurred if they become ill or cause any injuries/damages during their stay at Copper Creek Kennels.

Signature

In the unfortunate and unlikely situation where my pet becomes extremely ill and I can not be reached, I authorize Copper Creek Kennels to spend up to \$_____ on my pet.

Initial