



Date: ___/___/___

DOG BOARDING

New Customer Information

Owner's Last Name: _____ First Name: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Street Address: _____

Mailing Address (if different): _____

Email Address: _____ Current Vet Clinic: _____

How did you hear about Kamp K-9? _____

Pet #1 Name: _____ Breed: _____ Approx. Age: _____

Male or Female (circle one) Spayed/Neutered: **Yes or No (circle one)**

Any Allergies? (if yes, please specify): _____ Medical Problems? _____

All shots (Rabies, Distemper/Parvo, Bordetella and Flu)*? _____ Flea/tick control? _____

Favorite games/toys? _____

Pet #2 Name: _____ Breed: _____ Approx. Age: _____

Male or Female (circle one) Spayed/Neutered: **Yes or No (circle one)**

Any Allergies? (if yes, please specify): _____ Medical Problems? _____

All shots (Rabies, Distemper/Parvo, Bordetella and Flu)*? _____ Flea/tick control? _____

Favorite games/toys? _____

Pet #3 Name: _____ Breed: _____ Approx. Age: _____

Male or Female (circle one) Spayed/Neutered: **Yes or No (circle one)**

Any Allergies? (if yes, please specify): _____ Medical Problems? _____

All shots (Rabies, Distemper/Parvo, Bordetella and Flu)*? _____ Flea/tick control? _____

Favorite games/toys? _____

(Other pets, write on back)

Pets MUST be up to date on all shots or they will NOT be accepted!

Thank you for your business!
We look forward to loving and caring for your pets!