

KKM Lodging Information



Owner's Name: _____ Pet's
Name: _____ Gender: (Circle one) **Male** / **Neutered** **Female**
/ **Spayed**

Primary Contact and Emergency Contact

Name: _____ Phone Number: _____

In case of emergency, who can we contact to make decisions on your behalf?

Name: _____ Phone Number: _____

Feeding Instructions

If you fail to provide your dog with the proper amount of food for their stay we will provide our kennel food for the remainder of their stay at an additional cost.

Food Type(s): _____ Food Brand(s): _____

How often do you feed? (Circle one) **Once a Day** **Twice a Day** **Three Times a Day**

How much do you feed per meal? _____

Does your pet have any allergies? (Circle one) **Yes** **No**

If yes, please explain: _____

Authorization for Treatment

If your dog becomes ill during his/her stay at KKM, we will make every attempt to contact and inform you. If we are unable to reach you, would you like us to: (Initial one)

_____ Provide all medical or surgical treatment necessary at Doctor's Discretion.
(cost of treatment will be added to the boarding bill)

_____ If my pet requires medical or surgical attention, do not exceed \$ _____.

_____ Provide no medical or surgical care until owner or emergency contact can be reached. (Please understand that your dog's condition could deteriorate while waiting for your response.)

Photo Release

Can we take photos of your pet to post on our social media and/or in the lobby? (circle one) **Yes** **No**

Flea Free Environment

In order to maintain a flea free environment, your pet will be checked for fleas upon admission. If fleas are present, your dog will be treated at the doctor's discretion and at your expense. Any dog found to have fleas will be ineligible for playtimes.

Is your dog on flea prevention? (Circle one) **Yes** **No**

If yes, what brand: _____ When was the last dose given? _____

Health Questions

Is your pet on heartworm prevention? (Circle one) **Yes** **No**

Does your dog have any pre--existing medical conditions that we should be aware of?

Is there any other information about your dog that will be helpful for us? (separation anxiety, thunder storm phobia, aggression with people or animals, treat motivated, etc.)

Has your dog been ill or shown signs of illness in the past month? (Circle one) **Yes** **No**

If yes, please explain: _____

Medical History

Proof of current vaccinations, heartworm test and negative fecal are required for all boarders. If vaccinations cannot be confirmed by the time of check in, we will administer the needed vaccines. An exam fee will be charged along with the cost of any vaccines given. If vaccines are administered during stay, dogs will be ineligible for play times.

DHPP (within 1 year) Date: _____ Employee Initial: _____

Leptospirosis (within 1 year) Date: _____ Employee Initial: _____

Bordetella (within 6 months) Date: _____ Employee Initial: _____

Canine Influenza (optional) Date: _____ Employee Initial: _____

Rabies 1 year or 3 year (circle one) Date: _____ Employee Initial: _____

Heartworm Test (within 1 year) Date: _____ Employee Initial: _____

Negative fecal (within 6 months) Date: _____ Employee Initial: _____

Medication Name & Mg	Dosage	How Often	Next Dose Due

Owner's Name: _____ **Pet's Name:** _____

Date In: _____ **Time In:** _____

Date Out: _____ **Estimated Time Out:** _____

*Pick-up before noon negates charge for that day.

Boarding (Initial which run you would prefer, depends on availability.)

Single Run, one dog occupancy for \$24/day	
Single Run, two dog occupancy \$34/day *small breed only	
Double Run, one dog occupancy \$30/day	
Double Run, two dog occupancy \$40/day	

Extras (Please initial)

Extra Potty Breaks \$2/day		Nail Trim \$18	
Special treat (included)		Anal Gland Expression \$24	
Raised Bed (included)		Heartworm Test \$40	
		Examination by Doctor \$50 *does not include medication	

Play Times

In order to participate in *group* play, your pet must be spayed/neutered, be fully vaccinated for DHPP, Leptospirosis, Bordetella and Rabies, have a negative fecal on file, and pass our group play evaluation.

Play Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Group Play 1 session/day \$8							
Group Play 2 sessions/day \$12							
1-1 Play 1 session/day \$8							
1-1 Play 2 sessions/day \$12							

Signature: _____ Date: _____