



Karen's K9 Care

KAREN'S *K9* CARE

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New Client/Canine Information

CLIENT INFO

Owner(s): _____ Date: _____

Address: _____ County: _____

Home: (____)-____-____ Cell: (____)-____-____ Cell: (____)-____-____

Email(s): _____

Emergency Contact: _____ Relation: _____

(Please put someone other than you!)

Emergency Contact Phone Number: (____)-____-____

How did you hear about us? _____

DOG INFO

Name: _____ Breed: _____

Age: _____ Color/Markings: _____ Sex: Male Female

Birth date (if known): _____ Male/Neutered Female/Spayed

How old was dog when obtained? _____

From where was dog obtained? _____

VET INFO

Primary Vet: _____ Phone: (____)-____-____

Any medical issues? _____

Any allergies (food, environment)? _____

Please mail, fax or drop off both of the completed forms. Thank You
Karen's K9 Care 459 Lancaster Ave Frazer, PA 19355 P(610) 725-8973 F(610) 725-8982



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Release Form

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As the owner:

I understand that dogs, when in groups, can accidentally injure themselves, and each other while playing. Minor cuts, scraps, bite wounds and bruises are possible, while not expected, when participating in group activities.

I understand that canine infectious respiratory disease, more commonly known as kennel cough, can be frequent in large group settings. While the bordetella vaccine helps reduce the spread and contracting of kennel cough, it does not prevent it on all occasions. I understand that Karen's K9 Care and its staff are aware of this and do their best to keep a clean and sanitary environment; my dog may come in contact with this mild illness at sometime.

I understand that my dog must be spayed or neutered in order to attend Karen's K9 Care. Upon signing this agreement, I am acknowledging and agreeing that my dog is already fixed, or will be done so at the appropriate age (6-8months) in order to continue attending Karen's K9 Care. Those who do not oblige by this rule will be asked to not return to our facility.

I understand and agree that when admitting my dog(s), Karen's K9 Care has relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

I understand that Karen's K9 Care and their staff shall not be liable for any problems that may develop, provided that attentive and reasonable care and precautions are given and followed. I hereby agree to release them and hold them harmless from any liability of any kind whatsoever.

I understand that I am solely responsible for and agree to indemnify Karen's K9 Care from all liability incurred as a result of any harm caused by my dog(s) while my dog(s) is/are attending Karen's K9 Care.

I further understand that any problem that develops with my dog(s) will be treated as deemed best by staff of Karen's K9 Care and in their sole discretion, and that I assume full financial responsibility for any and all expenses involved. I authorize Karen's K9 Care to act as my agent with respect to choosing and obtaining veterinary services at our discretion. I understand that all fees for such services are due and payable at the time of service.

By signing below, I certify that I have read, understand, and agree to all of the above statements. I agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement.

Owner's Name: _____
(please print)

Owner's Signature: _____

Date: _____ Dog(s) name(s): _____

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