

# Eastern Dawn Kennels

## Client Information

Dogs Name #1. #2.	Breed #1. #2.	Sex / Neutered/Spayed #1. #2.	Age #1. #2.
Owners Name:  Home Phone #:  Cell Phone #:  Contact # while away if different:  Secondary Contact:			
<b>Mailing Address</b>		<b>Email Address</b>	
		I give permission for Eastern Dawn Kennels to post pics of my pet on their website/internet YES_____ NO_____	
<b>Veterinary</b>		Has your dog ever shown aggression towards People YES_____ NO_____	
Name Phone #		Other dogs YES_____ NO_____	
		Escape risk YES_____ NO_____	
		If YES please explain: _____	
Is your dog up-to-date on: <b>Please provide records</b>			<b>Office Use Only</b>
<input type="radio"/> Vaccinations YES_____ NO_____			Date: _____
<input type="radio"/> Kennel Cough YES_____ NO_____			Vaccinated On: _____
<input type="radio"/> Flea Meds YES_____ NO_____			Checked By: _____

<b>Allergies</b> Medical Allergies: _____ _____ _____	<b>Chronic Illnesses / Concerns</b> Description: _____ _____ _____	<b>Current Medications</b> Description: _____ _____ _____
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**Feeding:**  
 \_\_\_\_\_  
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**Other Likes / Dislikes / Concerns:**  
 \_\_\_\_\_

EASTERN DAWN KENNELS agrees that, while the dog is on its premises and in its care, EASTERN DAWN KENNELS will exercise the utmost diligence to care for and protect the health, safety and well being of the dog. The OWNER agrees that EASTERN DAWN KENNELS has no liability for owners or the loss, damage or death of the dog resulting from disease, illness, injury, escape, fire, theft, or any other cause. EASTERN DAWN KENNELS shall, without being liable to the owner, have the right, to take action as deemed necessary, for the health, safety and well being of the dog, including the right to administer non-prescription medication and/or obtain services/treatment by a veterinarian of Eastern Dawn Kennels choice. In the event the OWNER is not able to be contacted, consent is given for the treating veterinarian to provide Eastern Dawn Kennels with information regarding the condition of the dog and/or treatment plan. The OWNER shall be responsible for all fees for services/treatment provided by Veterinarian, regardless of the cause, diagnosis or prognosis.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_