

TrailsEnd Kennel
8340 Trailsend Road
Mackinaw City MI 49701

Boarding Contract

DATE: _____

Here at TrailsEnd Kennel we hope to provide the best possible care for your pet. In order for us to do so, we will require that you give a profile of your pet. Please take a minute to fill this profile out. Honesty will only help us to provide a safer environment for your pet.

(Pet Profile)

Owner's name: _____

Address: _____ City, St, Zip _____

Phone: _____ Cell: _____

Veterinarian: _____ Phone: _____

Pet's Name: _____ Age: _____ Sex: _____ Breed: _____

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In the event that something happens to YOU while your pet(s) is in our care, who would you want us to call?

Their Name? _____

Their phone number? _____

HEALTH PROBLEMS

Seizures _____ Specify _____

Heart Disease _____ Specify _____

Blind _____ Deaf _____ Injuries _____

Allergies _____ What Kind _____

Others _____

Any Medications: _____

Has your pet been boarded before _____

If pet were to get loose, would he or she come when called _____

Is pet housetrained _____

How does pet react to strangers _____

Does pet urinate when approached _____

Is stress situation (new situation, strangers, left alone, confinement) does pet react:

Wildly active _____ Active _____ Poised, Assured _____ Reserved _____ Withdrawn (stiff, lethargic) _____

Has your pet bitten anyone _____ What were the circumstances: _____

What is your feeding schedule _____ # of cups

_____ x per day

Please leave this for us to fill out

DHLPP/C _____ RABIES _____ BORDTELLA _____

Staff Comments:
