

CRANBOURNE BOARDING KENNELS

118 CRAIG ROAD

DEVON MEADOWS 3977

Email cranbournekennels@live.com

PHONE 5998 2595

Docket No.....

Owner's Name

Address.....Suburb.....

Owner's Phone No.....Mobile.....

Emergency Phone Nos...../.....

Name of Vet.....Phone No.....

Email Address.....Vaccination. Expiry Date.....

Dog's Name	Breed	Colour/Features	Age	Sex	Desexed
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.....	M / F	Y / N
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.....	M / F	Y / N
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.....	M / F	Y / N
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Is your dog microchipped? Y/N Number Bath on Departure \$20 Yes / No

Your Fee is \$..... per night

Condition on Arrival.....Is your dog on a Worming program.....

What is the general diet of your dog at home?.....

Medications(if required)..... Belongings.....

Expected Departure Date.....Check out time..... am pm

I authorise that my dog(s) may share an enclosure and exercise with other dogs. YES/NO

The owner agrees that if in the opinion of Cranbourne Boarding Kennels your dog requires veterinary care. I hereby authorise Cranbourne Boarding Kennels to engage the services of a veterinary surgeon to attend to the dog and administer such treatment deemed necessary by the veterinary surgeon. The owner agrees to pay Cranbourne Boaring Kennels all fees and charges incurred as a result of providing veterinary surgeon treatment and or services. Cranbourne Boarding Kennels agrees to provide all reasonable care for animals in their cafe, but shall not be liable for any loss, damage, injury or death whilst in their care.

Arrival Date of DogDay of 20

Owners Si9gnature

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For and on behalf of Cranbourne Boarding Kennels

Today's Date ____/____/____