

PIONEER KENNEL
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Boarding Form - Client Authorization

Client Contact Information
Name:
Home Address:
Email:
Contact Phone Number(s):
Alternate Contact Name:
Alternate Contact Phone:

Check in date		
Check out date	Day of the week	Estimated pick up time

Pet Information	
Name:	Alone or sharing kennel with:
1.	
2.	
3.	

Accommodations: I hereby entrust Pioneer Kennel (PK) to care for my pet(s) during his/her boarding stay. PK will use all reasonable precautions against illness, injury, or escape of my pet, but will not be held liable or responsible in any manner whatsoever. PK will provide accommodations deemed appropriate for the safety, health, and comfort of my pet(s).

Emergency or Illness: In the event of an illness or emergency, Pioneer will attempt to contact me or my alternate contact at the phone number(s) provided; however, I understand that if I cannot be reached within a reasonable length of time, I authorize Pioneer to treat my pet however is deemed necessary for his/her health and well-being, and I agree to pay for any and all expenses that may be incurred.

Vet's Name _____ Phone # _____

Boarding Requirements: I understand that vaccines are required for boarding; dogs must be current on Distemper Hepatitis Parvo (DHP) and Rabies vaccinations. Additionally, if my pet is found to have fleas, a flea treatment will be applied. I agree to pay all charges associated with this service. I understand that boarding my pet bears an inherent risk of communicable disease transmission, regardless of vaccine or parasite preventative administration, and I accept this risk and the cost associated with medical treatment, if necessary.

Pick-up: Should my pet remain unclaimed after the date that I have stated as the pick-up date, written notice will be mailed to my address. Seven days after such written notice, I understand that the pet will be considered abandoned. It is further understood that such action will not relieve me from paying all accumulated charges, including boarding.

Personal Belongings: I understand that pets may tear, chew and/or swallow items left in the kennel during boarding, including their own collar or the collar of a kennel mate. I accept all financial responsibility for any medical or surgical intervention that may be required should my pet(s) be harmed as a result of any items I have requested be left in the kennel. I have listed the items I want kept in my pet's kennel on the Boarding Instruction page(s) and authorize them to be in the kennel with my pet(s) during their boarding stay. I am aware that my pet(s) are not supervised at all times, and understand that any item not included on the list will not be provided to my pet(s).

Photos: We sometimes photograph pets that are boarding with us and share these photos on our website and social media. For your privacy, we only share your pet's first name. **If you wish to decline sharing your pets photos, please initial here ____.**

I have read the foregoing and agree. I have completed a Boarding Instructions page for each pet. I am the legal owner and financially responsible party.

Signed: _____ **Date:** _____

Special Note to Owners of Dogs on NSAID Medications: Some non-steroidal anti-inflammatory (NSAID) medications can cause an adverse reaction when a pet is under stress. Prescriptions such as Rimadyl, Metacam, Etogesic and Deramaxx will not be given during your pet's stay with us. If you wish to decline this recommendation please complete the following:

- I decline the above recommendation, and I agree that I have been informed as to the risks associated with NSAID use in boarding dogs.
- I choose to have the medication administered during my pet's stay. **Signature:** _____

Boarding Form - Dog Instructions

This form must be completed individually for each pet

Pet's Name:	Last Name:	Flea treatment: <input type="checkbox"/> yes <input type="checkbox"/> no	Date given:
		DHP treatment: <input type="checkbox"/> yes <input type="checkbox"/> no	Date given:
		Rabies treatment: <input type="checkbox"/> yes <input type="checkbox"/> no	Date given:

Feeding- Boarders provide their own food.

Indicate brand and name of food:	Amount (ie. Free feed, 1 cup, 1/2 can, etc)	Frequency (check all that apply)	Next feeding due
Dry:		<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM	
Canned:		<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM	
Other:		<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM	

***If your pet runs out of the food you provided while boarding: we will feed your pet our food at a cost of \$3.00 per day.

Belongings - Please list all of your pet's belongings. Be specific; list description with color, size, etc.

I authorize the following items to be left in my pet's kennel:	These items are NOT to be placed in my pet's kennel:
1. Pioneer's bedding? <input type="checkbox"/> No <input type="checkbox"/> Yes	1.
2. Pioneer's toys? <input type="checkbox"/> No <input type="checkbox"/> Yes	2.
3.	3.
4.	4.
5.	5.

Medications

Are there medications we must administer? No Yes - Please complete the medication information below.

Medication Name	Dose (ie. 1 pill, 1/2 pill)	Frequency (ie. Every 12 hours)	Next Dose Due - Date & Time	Labeled?
1.				<input type="checkbox"/> Yes
2.				<input type="checkbox"/> Yes

Optional Bath and Brush - < 25# / \$15^{.00} 25 - 50# / \$20^{.00} >50# / \$25^{.00}

Description: Brushing and Bath before going home. Your pet must have a well maintained coat as this service is for maintenance, not dematting. Does not include nail clipping.

YES NO What day do you want bath given? _____

Additional Kennel Comments - Check those that apply to your pet.

Bites _____ Afraid of thunder _____ People Aggressive _____
 Climbs _____ Has Seizures _____ Limps _____
 Chews _____ Dog Aggressive _____ Blind _____
 Escapes _____ Food Aggressive _____ Deaf _____
 Other _____ Allergies to what _____
 _____ _____