

Jackson Creek Kennel

19407 Elliott View, Peyton, CO. 80831

Dale Parker 719-661-2020

Dates wanting to board your dog. In _____ Out _____

Client Information (One form for each dog please)

Your Name: _____ Date: _____

Address: _____ Phone: _____

Alt:Phone: _____

E-Mail: _____ Alt Phone: _____

Are you active military? Yes / No

Dog's Name: _____ AGE: _____

Breed: _____ Weight: _____

Please Circle: Female / Male Spayed/Neutered: Yes / No

Vaccination Records:

Please attach a copy of your dog's immunization records to this form.

Required: Rabies, Distemper-Parvo, Parainfluenza (DA2PP), Bordatella, (K9 Influenza is Recommended)

Veterinarian: _____ Phone: _____

Medications: Yes / No

Medications must be in original vial with veterinarian's administering instructions.

Food Brand and Feeding

Instructions: _____

History, Behavior, Current Issues: Please check all that apply.

____ My dog sleeps in a crate at home or when required.

____ My dog is an Alpha Dog

____ My dog runs away if left off-leash.

____ My dog is afraid of thunder and lightening.

____ My dog plays well with other dogs.

____ My dog has allergies.

____ My dog has separation anxiety.

____ My dog can climb fences.

Other Important information: _____

Referred by: _____

For the next portion of form Jackson Creek Kennel will be know as JCK.

Release Form:

1. **Medical Release:** By signing this consent I am authorizing Dale Parker to facilitate emergency medical services for my dog identified on this form beginning while my dog is residing with them. I understand that Dale will do all they can to contact me first prior to facilitating medical attention, which may include veterinarian visits, x-rays, surgery, bandages, and euthanasia. The cost of these services must not exceed \$_____/or, unlimited (please circle). In the event that the costs exceed the amount indicated here I understand that Dale will contact me to make plans for my dog's care until I return. In the event of a death of your pet our policy is to take your pet to my vet for cold storage until your return. Signed: _____ Date: _____

2. Authorization for Veterinary Record Release: I, _____, designate Dale Parker, 19407 Elliott View, Peyton, CO 80831 as my designated representative for receipt of veterinary records and information concerning my dog, _____. My veterinarian and/or veterinarian office, _____ is authorized to release part or all records and information concerning my dog listed able. I will pay all costs, if applicable, for providing said information and records. Signed: _____ Date: _____

3. **Comingling and socialization:** Do you want your dog to play with other dogs? We are very sensitive to play appropriate groups. le big dogs vs little dogs, old vs young, ect. I hereby release JCK of all liability resulting in injury or death from such activities. I will be responsible for the medical care of my own dog. Signed: _____ Date: _____

4. **Containment/Bark Collar:** I hereby acknowledge while boarding my pet at Jackson Creek Kennels he or she may be taken on a long supervised walk. An electric containment collar (much like an invisible fence) may be used to keep the pet on the property. An electric bark collar may used to control excessive barking. Signed: _____ Date: _____

5 Financial Responsibility: Dale Parker or Jackson Creek Kennel bear on responsibility, financial or otherwise to any injury, sickness, or disease that may happen to your dog during his or her stay at Jackson Creek Kennel.

Signed _____ Date _____