

## Riverview Kennel Boarding Agreement

Owner's Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone #1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_  
Pet Type: \_\_\_\_\_ [ ] Spayed [ ] Neutered  
Pet's Name: \_\_\_\_\_  
Breed(s): \_\_\_\_\_  
Sex: \_\_\_\_\_ Weight: \_\_\_\_\_  
Color: \_\_\_\_\_ Birth-date: \_\_\_\_\_  
Medical Information – Veterinarian's Name / Clinic : \_\_\_\_\_

Phone: \_\_\_\_\_  
City / State / Zip : \_\_\_\_\_

No Shots, No Docs, No Service! **Riverview Kennel** will not board, provide daycare, or groom your pet without updated vaccination documentation. Please provide vaccination documentation and medical records.

In addition, please list the current expiration dates for the following vaccinations:  
Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_

Please describe any medical or physical conditions, including any medications or allergies.

Emergency Contact (other than owner) Name :

Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Relationship : \_\_\_\_\_

*Has your dog been ill in the last 30 days? [ ] Yes [ ] No*

*Is your dog displaying any unusual symptoms such as coughing, sneezing, or upset stomach? [ ] Yes [ ] No.*

*Has your dog ever bitten, attacked or shown aggressive behavior towards people or dogs? [ ] Yes [ ] No. If yes, explain:*

*Has your dog ever been bitten or attacked by another dog, or been abused? [ ] Yes [ ] No. If yes, explain:*

*Please describe any behavioral problems, identify any dietary conditions, or other important information we should know:*

Pet Pickup – **Riverview Kennel** will release your pet to the following person(s) :

\_\_\_\_\_

# Riverview Kennel

Please pick the following boarding options:

## Dogs

Full Board: \_\_\_\_

Day Board: \_\_\_\_

Daycare: \_\_\_\_

## Cat:

Full Board: \_\_\_\_

Day Board: \_\_\_\_

Playtime: \_\_\_\_ How many times: \_\_\_\_

Walks: \_\_\_\_ How many times: \_\_\_\_

Do you want any grooming prior to leaving?

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## Full Board Packages:

Platinum: \_\_\_\_ How Many Days: \_\_\_\_

Gold: \_\_\_\_ How Many Days: \_\_\_\_

Silver: \_\_\_\_ How Many Days: \_\_\_\_

## Doggie Day Care Packages:

Full 10 days: \_\_\_\_

Full 30 days: \_\_\_\_

Full 1 day: \_\_\_\_

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

# Riverview Kennel LLC

Store # \_\_\_\_\_

## Owner Information Please print clearly and fill out completely.

Checked-in by (full name) \_\_\_\_\_

First _____	Last _____	Phone _____
E-Mail Address _____		Alt Phone _____
Address _____	City _____	State _____ Zip _____

## Pet Information Please print clearly and fill out completely.

Name _____	Is it OK to give your pet treats? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does your pet have any health/medical issues we should be aware of? Check all that apply</b>
Breed _____	Does your pet have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Age _____ Color _____	<i>If yes, please describe.</i>	<input type="checkbox"/> Heart problems <input type="checkbox"/> Seizures
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Is your pet shy/fearful/aggressive towards people or other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Breathing problems <input type="checkbox"/> Fainting
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please describe.</i>	<input type="checkbox"/> Back/spinal Issues <input type="checkbox"/> Mobility/joint issues
Rabies Expiration Date: ____/____/____ <small>mm dd yyyy</small>	Has your pet been groomed before? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Incontinence <input type="checkbox"/> Skin conditions
		<input type="checkbox"/> Recent injury <input type="checkbox"/> Sensory deficits (sight, hearing, etc.)
		<input type="checkbox"/> Recent surgery
		Other, please describe: _____

## Veterinarian Information

Name of Veterinary Office _____	Phone Number of Veterinary Office _____	Preferred Vet (Optional) _____
City & State of Veterinary Office _____		

**Pets over 12 years old need to get the groomer's approval before making an appointment.** Groomers may halt the grooming process or refuse to groom pets that are unable to handle the stresses of grooming.

## Groomer Notes

I, the undersigned, hereby acknowledge and agree that all the information provided in this application is complete and accurate to the best of my knowledge. I further acknowledge and agree I have read, understand and agree to all terms and conditions contained in the Agreement on the reverse of this page, as they may be amended from time to time, which are posted and fully incorporated into this application by reference. I hereby execute the Agreement for my pet, myself and my heirs, successors, representative and assignees. I further attest that if I am not the sole owner or representative of the pet subject to this application, that my signature is sufficient to enter into this Agreement for and on behalf of any other owner or representative of the pet subject to this application.

Owner/Guardian Signature <b>[Please also initial back of forms.]</b> _____	Date _____
<small>I agree to the conditions outlined on the reverse of this form.</small>	