

DIAMOND'S BOARDING KENNELS

Hours 9am- 5pm 7days/week

CNR BERGINS RD & CHURCHILL PARK DR

admin@diamondskennels.com.au

ROWVILLE 3178

PH: 03 9764 4552

www.diamondskennels.com.au

Client Information:

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____ SUBURB: _____

PHONE: (Home) _____ PHONE:(Mobile) _____

PHONE: (Other) _____ EMAIL: _____

Emergency Contact Information

NAME: _____ PHONE NUMBER: _____

VET: _____ VET PHONE NO'S _____ VACCINATION DATE: _____

PET INFORMATION:

PET 1 NAME: _____ BREED: _____ AGE _____

SEX: MALE/ FEMALE DESEXED: YES/ NO COLOUR & MARKINGS: _____

HEALTH PROBLEMS/ALLERGIES/RECENT SURGERY: _____ MICROCHIP NO _____

MEDICATION/SUPPLEMENTS: (additional \$1 per day) YES/NO CONDITION ON ARRIVAL: _____

BELONGINGS: (collars, toys, bedding etc) _____ IS YOUR DOG ON A WORMING PROGRAM Y / N

PET 2 NAME: _____ BREED: _____ AGE: _____

SEX: MALE/ FEMALE DESEXED: YES/ NO COLOUR & MARKINGS: _____

HEALTH PROBLEMS/ALLERGIES/RECENT SURGERY: _____ MICROCHIP NO _____

MEDICATION/SUPPLEMENTS: (additional \$1 per day) YES/ NO CONDITION ON ARRIVAL: _____

BELONGINGS: (collars, toys, bedding etc) _____

Do you want a bath for your dog on departure? YES/ NO (\$20 per dog) (IF YES PLEASE PICK UP PM)

I give permission for my dog/s to share an enclosure and/or exercise with other dogs YES/ NO

How did you hear about us? (Please circle) Recommendation Yellow Pages Internet Other _____

The owner hereby agrees that if in the opinion of Diamond's Boarding Kennels the dog/cat requires veterinary attention, I hereby authorize Diamond's Boarding Kennels to engage the services of a veterinary surgeon to attend to the dog/cat and administer such treatment deemed necessary by the veterinary surgeon. The owner agrees to pay Diamond's Boarding Kennels all fees and charges incurred as a result of providing veterinary surgeon treatment and or services. Diamond's Boarding Kennel agrees to provide all reasonable care for animals in their charge, but shall not be liable for any loss, damage, injury or death whilst in our care.

YOUR FEE IS \$ _____ PER NIGHT Extras \$ _____ PICK UP DATE: _____

ARRIVAL DATE _____ OF _____ 20 _____

For and on behalf of Diamond's Boarding Kennels

Owner/Guardian's Signature