

Bear Brook Kennel



Client Information

Please Fill Out Completely

Name(s) _____

Address _____

City/Town _____ State _____ Zip Code _____

Cell Phone _____ Home/Other _____

Email: _____

Pets

1. Name: _____ M F Spayed/Neutered Yes ___ No ___

Breed _____ Age ___ Color _____ Weight (lbs.) _____

Medical/Allergy/Behavior Notes _____

2. Name: _____ M F Spayed/Neutered Yes ___ No ___

Breed _____ Age ___ Color _____ Weight (lbs.) _____

Medical/Allergy/Behavior Notes _____

3. Name: _____ M F Spayed/Neutered Yes ___ No ___

Breed _____ Age ___ Color _____ Weight (lbs.) _____

Medical/Allergy/Behavior Notes _____

If we run out of food provided (if applicable) can we feed ours? YES NO

EMERGENCY CONTACT INFORMATION

In case of illness or emergency, please provide us with an emergency contact number.

Contact Person: _____

Phone Number: _____ Relationship: _____

Additional Emergency Contacts (Optional)

1. Name _____ Phone number _____

2. Name _____ Phone number _____

CONTINUED ON BACK

Bear Brook Kennel



Please list the name of the person or persons authorized to pick up your pet other than yourself.

Veterinary Hospital/Clinic

Name of Clinic _____ **Phone #** _____

Veterinarian's Name _____

Do we have permission to use Brewer Veterinary Clinic if needed? Please circle one: YES NO

We will make every attempt to contact you before we proceed.

If we may not use Brewer Veterinary Clinic, please write specific instructions for your pet(s) emergency needs:

Date _____ **Signature** _____