

Home Away From Home K9 Condos

**Sally Blount
(208) 880-0581**

Family Companion Boarding Application

Your Full Name _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell** _____

Email Address _____

Guests Name _____ **Breed** _____ **Sex** _____

Age _____

Commands _____

Feeding Schedule and amount:

Treat/Diet Restrictions (if Any) _____

Is your dog spayed/neutered? _____

Has your dog had any illnesses in the last 30 days? _____

Please describe any health concerns you may have, Allergies etc.

Veterinarian Information

Name _____

Address _____ Phone _____

Emergency Contact

Name _____

Phone Number(s) _____

General Release

The client will provide access to all information on the health of the pet. If a pet becomes ill or requires medical attention, Sally Blount and Home Away From Home K9 Condos at its sole discretion may engage the services of their veterinarian and administer medication to the said animal. All veterinary expenses shall not exceed _____ (dollars). While every effort is made to ensure the pets remain healthy, Sally Blount and Home Away From Home K9 Condos are NOT responsible for animals becoming ill. _____ Initial

I understand that I will be leaving my dog for boarding and that Home Away From Home K9 Condos is not responsible for injury, death of the pet. _____ Initial

You must show proof of current vaccinations from your veterinarian.

Rabies _____ DHLPP _____ Bordatella (kennel cough) _____