
Country Inn Kennels

NAME: _____

ADDRESS: _____ CITY _____ ST: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ ALTERNATE PHONE: _____

E-MAIL: _____

LOCAL EMERGENCY CONTACT NAME: _____

CONTACT # 1 _____ CONTACT # 2 _____

DROP OFF DATE: _____ PICK UP DATE: _____

PET'S NAME: _____

BREED: _____ SEX: _____

DATE OF BIRTH: _____ WEIGHT: _____

YOUR VET CLINIC: _____ PHONE #: _____

BEFORE YOUR ARRIVAL TIME, PLEASE HAVE YOUR VETERINARIAN EITHER CALL OR FAX TO US YOUR PET.S SHOT RECORDS. OUR FAX NUMBER IS 985-633-9725.

SIGNED BY: _____ DATE: _____