

Stonebridge Kennels

6142 Burr Oak Rd.
Roscoe, IL 61073
815-623-3000
stonebridgekennels.net

Boarding/Doggie Daycare Application

Owner Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Emergency Contact (not in same residence):

Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Pet Information:

1. Name: _____ Breed: _____ Age: _____ (min. age 4 months)

Circle: male / female Weight: _____ lbs Spayed/Neutered: yes / no

Allergies: _____

Medical conditions: _____

Will medications be administered by staff? yes/ no (Please include vet's instructions.)

List special requests/needs: _____

Is this dog allowed treats? yes / no Has this dog been crate trained? yes / no

Has this dog ever bitten another dog, person, or animal? yes / no

If "yes", explain: _____

What flea/tick preventative is your pet on? _____ Last dose: _____

2. Name: _____ Breed: _____ Age: _____ (min. age 4 months)

Circle: male / female Weight: _____ lbs Spayed/Neutered: yes / no

Allergies: _____

Medical conditions: _____

Will medications be administered by staff? yes/ no (Please include vet's instructions.)

List special requests/needs: _____

Is this dog allowed treats? yes / no Has this dog been crate trained? yes / no

Has this dog ever bitten another dog, person, or animal? yes / no

If "yes", explain: _____

What flea/tick preventative is your pet on? _____ Last dose: _____

3. Name: _____ Breed: _____ Age: _____ (min. age 4 months)

Circle: male / female Weight: _____ lbs Spayed/Neutered: yes / no

Allergies: _____

Medical conditions: _____

Will medications be administered by staff? yes/ no (Please include vet's instructions.)

List special requests/needs: _____

Is this dog allowed treats? yes / no Has this dog been crate trained? yes / no

Has this dog ever bitten another dog, person, or animal? yes / no

If "yes", explain: _____

What flea/tick preventative is your pet on? _____ Last dose: _____

List person(s) authorized to pick up your dog(s) if you can't:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Veterinarian Information:

Dr. Name: _____

Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Proof of current vaccinations (Distemper, Parvovirus, Rabies, Bordetella, Leptospirosis, and Parainfluenza) MUST be provided BEFORE you dog is boarded or evaluated for daycare. A current fecal exam must also be provided. You may bring the records in, mail them, or have your vet fax them to Stonebridge Kennels.

By providing your credit card information, we will be able to provide medical care to your pet if needed. Additional form must be filled out.

Pets arriving for boarding and/or doggie day care with fleas/ticks will be bathed at owners expense (\$30.00 minimum).

When boarding, payment in full for services is due on or before date of pick-up.

If evaluating for daycare, we will contact you to schedule an evaluation for your dog(s) once this application is reviewed.

I, the pet owner, state that all the information contained in this application is true. I understand that not all dogs are suitable for boarding and/or doggie day care. I understand that for any reason, and without notice, Stonebridge Kennels may exclude my dog(s) from boarding and/or doggie day care. I agree to the terms and conditions of this form.

Signed: _____ Date: _____