

Golden Grange Kennels, LLC

134 Chesterfield Georgetown Road
Chesterfield, New Jersey 08515
609-324-3647 Office
609-291-9422 Fax

Registration/Reservation Form

Additional Dog(s) Information

Name of Dog: _____ Breed: _____
Birth Date: _____ Age: _____ Color: _____ Weight: _____
Sex: _____ Spayed or Neutered: _____
Is dog house broken? _____ Is dog crate trained? _____
Has your dog ever been boarded before? _____
If yes, where: _____
Has your dog ever bitten a person? _____ If yes, explain: _____

Has your dog ever exhibited aggressive behavior towards another dog? _____
If yes, explain: _____
Has your dog ever been bitten or attacked by another dog or been abused by a person:
If yes, explain: _____
Does your dog eat animal feces? _____
Are there any other issues we should know about your dog (please complete this form and then
return to this section): _____

Feeding

We offer our kennel guests Eagle Pack Natural Formula premium dry dog food at no additional cost. ***If you prefer to provide your own food, there is an additional charge for storage and handling.***

Please choose food (circle one): Eagle Pack or I'll provide my own
How shall we feed your dog (volume and frequency per day?) _____

Medical/Emergency Information

Veterinarian's Name/Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Vaccinations (***proof from vet required***):

Please list expiration date of the following vaccinations:

Rabies _____ DHLPP _____

Bordetella _____

Method of Flea control (***proof of prescribed flea control required***): _____

Has your dog ever had kennel cough: _____

Does your dog cough, sneeze wheeze or exhibit any asthmatic symptoms: _____

Please describe any medical or physical problems with your dog: _____

List all medications and dosage your dog is currently prescribed: _____

Please remember you are required to bring proof of your dog's updated shot records and proof that your dog is prescribed a medically acceptable flea control treatment.

Signature: _____ Date: _____

Print Name: _____

Golden Grange Kennels agent signature: _____

Print name: _____

What other services may we provide to your dog while he/she is staying with us?

Frozen Peanut Butter Kong (\$6.00 - \$12.00) _____
depending on size

Peanut Butter Refills (\$1.25) _____

Ice Cream Party (\$1.50) _____

Playtime (\$10.00) _____

Grooming (starting at \$35.00, please call and inquire prior to check in) _____