

# 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? \_\_\_\_\_

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 (\$10.00) \_\_\_\_\_

Peanut Butter Refills (\$1.00) \_\_\_\_\_

Ice Cream Party (\$1.50) \_\_\_\_\_

Playtime (\$10.00) \_\_\_\_\_

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