



# Karen's K9 Care

KAREN'S *K9* CARE

## New Client/Canine Information

Owners: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ yrs \_\_\_\_\_ months Color: \_\_\_\_\_ Sex: M M/N F F/S

Age of N/S: \_\_\_\_\_

### I. DOG'S BASIC HISTORY

Birth date if known: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ yr

How old was it when obtained? \_\_\_\_\_ yr \_\_\_\_\_ month

From whom was it obtained \_\_\_\_\_

Who is your primary vet? \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical problems? \_\_\_\_\_

Any allergies (food or environment)? \_\_\_\_\_

Past dog training (type of training & where)? \_\_\_\_\_



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## Release Form

- 1) I understand that I am solely responsible for and agree to indemnify Karen's K-9 Care from all liability incurred as a result of any harm caused by my dog(s) while my dog(s) is/are attending Karen's K-9 Care.
- 2) I further understand and agree that in admitting my dog(s), Karen's K-9 Care has relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog.
- 3) I further understand and agree that Karen's K-9 Care and their staff and volunteers, will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby agree to release them and hold them harmless from any liability of any kind whatsoever arising from my dog(s) attendance and participation at Karen's K-9 Care.
- 4) I further understand and agree that any problem that develops with my dog(s) will be treated as deemed best by staff and volunteers of Karen's K-9 Care and in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
- 5) I certify that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement. I authorize *Karen's K-9 Care* to act as my agent with respect to choosing and obtaining veterinary services at our discretion. I understand that all fees for such services are due and payable at the time of service.

I, \_\_\_\_\_, certify that I am the owner of a dog of the following description:

Name \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Your primary vet \_\_\_\_\_

Dated: \_\_\_\_\_

Owner's Name (Print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Name(s) of Dog(s): \_\_\_\_\_