

SILVER SPOON KENNEL

Where Dogs Come To Stay and Play

Dog Boarding Agreement

Owners Information			
Name:			
DLN:	Phone:	Cell Phone:	
Current address:			
City:	State:	Zip Code:	
How Long At Current Address:	Email Address:	(Text Number):	
Pet Information Dog 1			
Dogs Name-Male/Female			Age
Health Issues			Breed
Medication			Allergies
Vaccination records (Need Copy From Vet)			Heartworm Negative (Yes)
Special Instructions			Spayed or Neutered Yes No
Feeding AM:	Noon:	PM:	
Pet Information Dog 2			
Dogs Name-Male/Female			Age
Health Issues			Breed
Medication			Allergies
Vaccination records (Need Copy From Vet)			Heartworm Negative (Yes)
Special Instructions			Spayed or Neutered Yes No
Feeding AM:	Noon:	PM:	
Veterinary Information			
Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Please have Your Vet Fax Over The Vaccination records to: 330-319-6393			

Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Planned Drop OFF Date and Time ___/___/_____AM/PM

Planned Pick UP Date and Time ___/___/_____AM/PM

Notes or Other Information

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Answer/Initial

- 1. In Ohio It is a crime to abandon an animal Ohio 4741.30 _____
- 2. Has Your Dog Ever Bitten anyone or other dogs? _____
- 3. Has Your Dog ever shown aggression? _____
- 4. Does your dog have any contagious conditions? _____
- 5. Is it Ok to turn your dog out with other dogs? _____
- 6. Has your Dog Ever been Boarded Before? _____

The Silverspoon Kennel reserves the right to decline to board any dogs that are aggressive or excessive barkers. Special needs dogs will require a 2 day test before any stay more than 2 days.

These are the required Vaccination's With Proof from your Vet:

Rabies, DAP, Lepto, Bordetella, Heartworm Negative test, Dog Flu

No Fleas

References		
Name:	Address:	Phone:
I authorize the Silverspoon Kennel to board the listed dogs in this Agreement and to pay the cost of any Veterinary care required and to verify the references.		
Print Name		Date:
Signature		Date:

Reservations Required

\$30.00 Per Day Per Dog (No Day Care) Cash or Check Only

Hours for Drop-Off and Pick Up

M-F 8:00AM to 10:00AM 5:00PM to 6:00PM

Sat 8:00AM to 10:00AM

Sun 5:00PM to 6:00PM

Special Arrangements will need to be made to Drop-Off or Pick-Up outside of these hours and a \$30.00 Charge.

Please give 24 Hour Notice for Cancellations

Silver Spoon Kennel LLC

7771 Spencer Lake Road

Medina, OH 44256b

Phone 330-421-2265

Fax# 330-319-6393

silverspoondogkennel@gmail.com