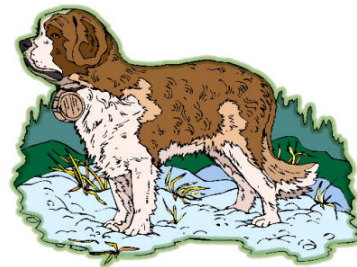


K-Rods Kennels



Date Checking in: _____ Date Checking out: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ **Emergency:** _____ Voicemail? Y ___ N ___

Cell Phone: Mr _____ Ms.: _____

Pet's Name: _____ M ___ F ___ Spayed/Neutered: Y ___ N ___

Breed: _____ Weight: _____ Color: _____ Age: _____

Vet's Name and Phone #: _____

DHLPP Due: _____ Rabies Due: _____ Bort Due: _____

For an additional charge, do you want us to:

Bathe your pet? Y ___ N ___ Nails? Y ___ N ___ Groom? Y ___ N ___

K-Rods Kennels will provide to the best of our ability, proper care for you pet. In the case of illness or injury, we will **not** be held liable. I hereby grant permission for K-Rods Kennels to seek veterinary care for my pet, and I understand that I am to pay for all charges incurred by my pet.

Signature: _____ **Date:** _____

Please list all items and directions with your pet.

Thank you for choosing K-Rods Kennels.
We look forward to a long relationship with you and your pet.

Phone: 919.553.4710 / FAX: 919.550.0131
1230 Guy Road, Clayton, NC 27520