



## **Dog Training, Boarding, Walking & Water Therapy**

### ***OWNER INFORMATION***

NAME (LAST NAME, FIRST NAME)

STREET ADDRESS, APARTMENT #

CITY, STATE AND ZIP

HOME NUMBER

WORK NUMBER

MOBILE NUMBER

EMAIL ADDRESS (PRIMARY)

### ***SPOUSE/PARTNER***

NAME (LAST NAME, FIRST NAME)

WORK NUMBER

MOBILE NUMBER

EMAIL ADDRESS (PRIMARY)

### ***EMERGENCY CONTACTS/AUTHORIZATION FOR PICK-UP***

EMERGENCY CONTACT NAME

RELATIONSHIP TO OWNER

TELEPHONE NUMBER

### ***DOG INFORMATION***

NAME

BREED(S)

GENDER

WEIGHT

SPAYED/NEUTERED

DATE OF BIRTH

COLOR/MARKINGS



**HEALTH PROFILE**

VETERINARIAN

VETERINARIAN TELEPHONE

VETERINARIAN ADDRESS

DATE OF SPAYING/NEUTERING

VACCINATION INFORMATION

VACCINATION INFORMATION ( ) Proof of vaccinations from your veterinarian are required for all dogs. Please confirm we have received these records at least three days prior to your dog's first day in our program.

PLEASE CHECK ANY THAT APPLY:

( ) MY DOG HAS A HEART CONDITION

( ) MY DOG HAS HAD SEIZURES/IS EPELEPTIC

( ) MY DOG IS DIABETIC

( ) MY DOG IS ARTHRITIC

( ) MY DOG HAS A THRYOID CONDITION

( ) MY DOG IS BLIND OR DEAF

ANY ADDITIONAL PAST ILLNESSES OR HEALTH CONCERNS (INCLUDGIN SURGERIES)

ILLNESS/SURGERY DATE

ILLNESS/SURGERY DATE

ILLNESS/SURGERY DATE

ILLNESS/SURGERY DATE

PLEASE LIST ANY AND ALL WARNING SIGNS THAT MAY INDICATE YOUR DOG IS IN DISTRESS DUE TO ANY MEDICAL CONDITION.

**MEDICATION ADMINISTRATION INSTRUCTIONS**

Name of Medication Dosage

Time of Day

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

PLEASE PROVIDE US WITH INSTRUCTIONS AND PERTINENT INFORMATION:



***FEEDING INSTRUCTIONS***

Dogs in 24 hour care are fed in the morning and evening at no cost according to your instructions, please provide food.

WET FOOD	BRAND	AMOUNT
DRY FOOD	BRAND	AMOUNT
ANY ADDITIONAL FEEDING INSTRUCTIONS		

HOW DID YOU HEAR ABOUT ZEN-K9?

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HAVE YOU EVER BEEN A ZEN-K9 CLIENT BEFORE?

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PRINT NAME

SIGNATURE

DATE

***ZEN-K9 CREDIT CARD AUTHORIZATION FORM***

Name on Card:

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Billing Address:

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Zip Code:	Phone:	Email (optional)
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Card Type:

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MasterCard ( )	Visa ( )	American Express ( )	Discover ( )
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Card #:	Exp Date:	CCV (Required)
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Please carefully read the following and initial where noted.

I have read and agree to the terms outlined in the Client Service Agreement,

Initial (\_\_\_\_)

Signature

Date

Please complete Credit Card Authorization Form and submit with the Client Agreement.

Zen-K9, LLC Contact: 561-401-2585