



WYE RIVER KENNEL

Phone: (410) 827-9474 | Fax: (410) 827-8141 | Email: wyeriverkennel@aol.com
Address: 301 Sportsman Neck Circle, Queenstown, MD 21658

CHECK IN / CHECK OUT HOURS

Mon - Sat: 8am-1pm | Mon - Fri: 3pm-5:30pm (By Apt. Only) | Sun: 3pm-5:30pm (By Apt. Only)

PET OWNER INFORMATION

Owners Name:	Home Phone:
Owners Address:	Cell Phone:
City, State, Zip:	E-Mail:

EMERGENCY CONTACT INFORMATION

Emergency Contact:	Emergency Phone:
<i>An emergency contact should be someone that can make medical decisions concerning your pet for you, in your absence and should not be your veterinarian.</i>	
Veterinarian Name:	Veterinarian Phone:

PET INFORMATION

Pet (1) Name:	Breed:	Pet's Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Color:	Birthday:	Is This Pet Spayed or Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N
Pet (2) Name:	Breed:	Pet's Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Color:	Birthday:	Is This Pet Spayed or Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N
Pet (3) Name:	Breed:	Pet's Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Color:	Birthday:	Is This Pet Spayed or Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N
Arrival Date/Time:		
Name Of Person Picking Up (If Not The Owner)	Phone #	

MEDICAL INFORMATION

Does your pet have any medical conditions? (If Yes, Please Specify)	
Is your pet on any medication? (If Yes, please specify medication, its treatment, dosages and times given)	
Is your pet up to date on all required vaccinations?	<input type="checkbox"/> Y <input type="checkbox"/> N (If No, Please Specify Any Missing)
Is your pet under a flea/tick preventative treatment?	<input type="checkbox"/> Y <input type="checkbox"/> N (If Yes, Specify Type)
Is your pet under a heartworm preventative treatment?	<input type="checkbox"/> Y <input type="checkbox"/> N (If Yes, Specify Type)

FEEDING INFORMATION

Will you be supplying your own pet food?	If your pet is on a special diet, please specify food type and amount.
<input type="checkbox"/> Y <input type="checkbox"/> N	

Charges begin the day of your pet's arrival. Pet's owner is responsible for all days reserved for boarding. 48 hours notice is required to change pet's departure date.

OWNERS SIGNATURE

DATE