

# Bear Lake Kountry Kennels

www.bearlakekountrykennels.ca 780-830-8889

## Client Information Form

First & Last Name:	Home Phone:
City:	Work Phone:
Province:	Cell Phone:
Postal Code:	
Veterinarian:	Email:
Emergency Contact (Name and Phone)	

### Dog # 1

### Dog's Information

### Dog # 2

Name:		Breed:	Name:		Breed:
Sex:	Neutered Y / N	Age Neutered	Sex:	Neutered Y / N	Age Neutered
Birth Date:	Vaccination Expiry		Birth Date:	Vaccination Expiry	
Permission to Socialize (Signature)			Permission to Socialize (Signature)		
Health Problems / Medications / Notes			Health Problems / Medications / Notes		

Day & time of arrival: \_\_\_\_\_

Day & time of scheduled Pick up: \_\_\_\_\_

**Please bring Vet copies of Vaccinations**