

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:	Email:
Veterinarian:	
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

