

Bear Lake Kountry Kennels

www.bearlakekountrykennels.ca 780-830-8889

Client Information Form

Date: _____

First and Last Name:

City:

Province:

Postal Code:

Address:

Home Phone:

Cell Phone:

Email:

Emergency Contact (name and phone):

Veterinarian:

Dog's Information

Dog #

Name:

Breed:

Sex:

neutered/spayed Y/N

Birth Date:

Vaccination Expiry:

Feeding Portions / Schedule:

Health Problems / Medications / Notes:

Dog #

Name:

Breed:

Sex:

neutered/spayed Y/N

Birth Date:

Vaccination Expiry:

Feeding Portions / Schedule:

Health Problems / Medications / Notes:

Day & time of arrival: _____

Day & time of scheduled Pick up: _____

Please bring Vet copies of Vaccinations.