

## KKM Lodging Information



Owner's Name: \_\_\_\_\_ Pet's  
Name: \_\_\_\_\_ Gender: (Circle one) **Male** / **Neutered** **Female**  
/ **Spayed**

### Primary Contact and Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of emergency, who can we contact to make decisions on your behalf?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Feeding Instructions

If you fail to provide your dog with the proper amount of food for their stay we will provide our kennel food for the remainder of their stay at an additional cost.

Food Type(s): \_\_\_\_\_ Food Brand(s): \_\_\_\_\_

How often do you feed? (Circle one) **Once a Day** **Twice a Day** **Three Times a Day**

How much do you feed per meal? \_\_\_\_\_

Does your pet have any allergies? (Circle one) **Yes** **No**

If yes, please explain: \_\_\_\_\_

### Authorization for Treatment

If your dog becomes ill during his/her stay at KKM, we will make every attempt to contact and inform you. If we are unable to reach you, would you like us to: (Initial one)

\_\_\_\_\_ Provide all medical or surgical treatment necessary at Doctor's Discretion.  
(cost of treatment will be added to the boarding bill)

\_\_\_\_\_ If my pet requires medical or surgical attention, do not exceed \$ \_\_\_\_\_.

\_\_\_\_\_ Provide no medical or surgical care until owner or emergency contact can be reached. (Please understand that your dog's condition could deteriorate while waiting for your response.)

### Photo Release

Can we take photos of your pet to post on our social media and/or in the lobby? (circle one) **Yes** **No**

### Flea Free Environment

In order to maintain a flea free environment, your pet will be checked for fleas upon admission. If fleas are present, your dog will be treated at the doctor's discretion and at your expense. Any dog found to have fleas will be ineligible for playtimes.

Is your dog on flea prevention? (Circle one) **Yes** **No**

If yes, what brand: \_\_\_\_\_ When was the last dose given? \_\_\_\_\_

**Health Questions**

Is your pet on heartworm prevention? (Circle one)      **Yes**      **No**

Does your dog have any pre--existing medical conditions that we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information about your dog that will be helpful for us? (separation anxiety, thunder storm phobia, aggression with people or animals, treat motivated, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog been ill or shown signs of illness in the past month? (Circle one)      **Yes**      **No**

If yes, please explain: \_\_\_\_\_

**Medical History**

Proof of current vaccinations, heartworm test and negative fecal are required for all boarders. If vaccinations cannot be confirmed by the time of check in, we will administer the needed vaccines. An exam fee will be charged along with the cost of any vaccines given. If vaccines are administered during stay, dogs will be ineligible for play times.

DHPP (within 1 year)      Date: \_\_\_\_\_      Employee Initial: \_\_\_\_\_

Leptospirosis (within 1 year)      Date: \_\_\_\_\_      Employee Initial: \_\_\_\_\_

Bordetella (within 6 months)      Date: \_\_\_\_\_      Employee Initial: \_\_\_\_\_

Canine Influenza (optional)      Date: \_\_\_\_\_      Employee Initial: \_\_\_\_\_

Rabies 1 year or 3 year (circle one)      Date: \_\_\_\_\_      Employee Initial: \_\_\_\_\_

Heartworm Test (within 1 year)      Date: \_\_\_\_\_      Employee Initial: \_\_\_\_\_

Negative fecal (within 6 months)      Date: \_\_\_\_\_      Employee Initial: \_\_\_\_\_

**Medication**

Medication Name & Mg	Dosage	How Often	Next Dose Due

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Date In: \_\_\_\_\_ Time In: \_\_\_\_\_

Date Out: \_\_\_\_\_ Estimated Time Out: \_\_\_\_\_

\*Pick-up before noon negates charge for that day.

**Boarding** (Initial which run you would prefer, depends on availability.)

Single Run, one dog occupancy for \$22/day	
Single Run, two dog occupancy \$32/day *small breed only	
Double Run, one dog occupancy \$28/day	
Double Run, two dog occupancy \$36/day	

**Extras** (Please initial)

Extra Potty Breaks \$2/day		Nail Trim \$16	
Special treat (included)		Anal Gland Expression \$22	
Raised Bed ( included)		Heartworm Test \$22	
Express Exit Bath \$25 *in kennel, NOT grooming		Examination by Doctor \$47 *does not include medication	
Fecal Examination \$22		Microchipping \$67	

**Play Times**

In order to participate in *group* play, your pet must be spayed/neutered, be fully vaccinated for DHPP, Leptospirosis, Bordetella and Rabies, have a negative fecal on file, and pass our group play evaluation.

Play Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Group Play 1 session/day \$7							
Group Play 2 sessions/day \$11							

1-1 Play 1 session/day \$7							
1-1 Play 2 sessions/day \$11							

Signature: \_\_\_\_\_ Date: \_\_\_\_\_