

Lupine Kennels New Customer Cat Form

880 155th Street
Amery, WI 54001
(715) 268-2345

We accept cash or check only at this time.

Owners Last Name _____ **First Name** _____
Cat's Name _____ **Cat's Breed** _____
Cat's Birthdate _____ **Cat's Sex** ___M/Neutered___ F/Spayed
Home Address _____ **City** _____ **State** _____ **Zip** _____
Home Phone _____ **Cell** _____ **Work** _____
E-Mail Address _____ **Emergency Contact#** _____

VET Name _____
Vet Address _____
City _____ **State** _____ **Zip** _____ **VetPhone** _____ **Fax** _____
Any known allergies or illnesses? _____
List any and all present medications taken by your dog(Including heartworm, flea and tick prevention) _____

Date & Location of Last Rabies Vaccination _____

Cat Personal Info:

We ask the following questions to better understand your Cat:
Has your cat ever bitten, or attempted to bite another animal or person? _____
Is your cat potty trained? _____
Bitten another animal? _____
What are your cats' favorite toys? _____
Any Flea/Tick Meds your cat is currently using? _____
How often do you feed your cat? _____
How much in the A.M. _____ (Cups) P.M. _____ (Cups)
Or Per Day _____ in 8oz measuring.
What percentage does your cat spend
Indoors? _____ Outdoors? _____
Does your cat like to be walked? _____ For how long? _____
How did your hear about us or whom may we thank for the referral? _____

For boarding cat and owners:

By signing this contract I am giving my consent for Lupine Kennels and it's owner to take my cat to the vet if deemed necessary by any of the aforementioned parties and that I, the owner of the pet(s), agree to pay for any and all such bills. Should my cat bite or cause injury to another cat or person I agree to pay for any and all medical or veterinary expenses. I understand that I am boarding my pet at my own risk and do not hold Lupine Kennels liable for any illness or injury my pet may incur. I also agree to pay all costs for damage done to the kenneling facility by my cat. I the owner of said pet agree that the information provided to Lupine Kennels about my pet to the best of my knowledge to be true.

Owner Signature _____ Date _____

I, the owner of said pet give permission to Lupine Kennels to administer medication that may be necessary for my pet to be more comfortable while being boarded.

Owner Signature _____ Date _____

I, the owner understand that Drop off and Pick up hours are 9-12 and 5-7 7days a week.

Owner Signature _____ Date _____

I, the owner understand that I am responsible for picking up my pet:

Date Dropping off _____ Time _____

Date Picking up _____ Time _____

If I, the owner do not pick up my dog within 10 days after said "Pick up Date" and I do **NOT** notify (i.e. phone message or email to lupinekennels@yahoo.com) Lupine Kennels of an extension, understand that my pet will be deemed abandoned. My pet being deemed abandoned will be turned over to a humane society and I will be legally bound to owe Lupine Kennels for the 10 day period, any food, transportation to humane society, humane society drop off fees, and court costs.

Owner Signature _____ Date _____

