

507.271.8559 cell
507.645.4669 phone



8300 Baldwin Ave.
Northfield, MN 55057

Any special medications, treatments, allergies, or other health issues (e.g. hip dysphasia, hotspots)?:

Does your pet suffer from seizures? (Please circle response) Yes No

If so, what type of medication does your pet take? _____

How often? _____

How much and is it pill, liquid or shot form? _____

Is your pet diabetic? (Please circle response) Yes No

If diabetic, how often do they get their shots? _____

At what time of day should they get their shot? _____ a.m. _____ p.m.

How many units of insulin per shot? _____

Has your pet suffered from any communicable diseases in the last 30 days? Yes No

If yes, please explain: _____

Do you consider your pet social with other pets? Yes No

Has your pet ever bitten a person? Yes No

Note: If your pet bites another pet/person at Countryside Kennel, you will be held liable.

Is your dog escape oriented? Yes No

Does your pet do any of the following:

- a) Dig? Yes No
- b) Chew bedding? Yes No
- c) Climb/jump? Yes No

Has your dog ever been boarded at a kennel before? Yes No

If so, were there any problems that you were aware of? _____

Does your dog suffer from separation anxiety? Yes No

Is you pet afraid of thunder/lighting storms or rain storms? Yes No

If so, would you give us permission to administer a calming medication at our discretion until they are adjusted to the environment? Yes No

Would you like your dog to have any grooming services while at the kennel? Yes No

If so, please circle which service you would like to have done:

Bath & Brush, \$21. OR Bath, brush, nails, \$30.

How did you hear about us? _____

What is your e-mail address? _____

[Be assured that your e-mail will only be used for kennel business.]

I have read, understand, and provided all the information above to the best of my knowledge.

Name of pet: _____

Client Signature: _____ Date: _____