



Registration Form

www.country-kennels.net

253-535-9314

contact@country-kennels.net

Owner Name:		Date:
Address:		
Home Phone:	Cell Phone:	Work Phone:
Email:		
Preferred method of contact:		
How did you hear about Country Kennels?		

Alternate contact information (ICE):

	Name:	Phone:	Authorized to check-out pet?	
1			Yes	No
2			Yes	No

Pet information:

	Name:	Breed:	Color:	Age:	Weight:
1					
2					
3					
4					

Veterinarian:

Hospital/Clinic name:	Phone:
Veterinarian name:	

Please have your vet fax copies of current vaccination records (and fecal results completed within last 6 months if participating in doggie daycare/playgroup).