



Club K-9 at the Ranch, LLC

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CLIENT INFORMATION FORM

Name: _____

Pet(s) Name(s): _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ How did you hear about us? _____

Emergency Contacts/Phone Numbers:

Name _____ Phone # _____ Name _____ Phone # _____

Person(s) authorized to drop off and/or pick up your pet: _____

PET INFORMATION:

Breed: _____ Male/Female Color: _____

Birthday: _____ Microchip Number _____ Spayed/Neutered? _____

Bathroom Habits: _____ *Eating Habits _____

*If not eating well while boarding, does Club K-9 have permission to add any of our food to encourage your dog to eat? Y/N

Any food allergies? _____

If multiple dogs are sharing a kennel, can they eat together or do they need to be separated? Y/N

Does your dog jump or climb fences and gates? Y/N

Medication Schedule (list): _____ Exercise: _____

Likes: _____ Dislikes: _____

Does your dog have any injuries or chronic ailments? Please list: _____

*Items/Luggage brought: _____

*Items are limited to (1) bed, (1) kong, food, medications, as well as a leash, collar or harness for overnight stays. For daycare, items are limited to food, medications, as well as leash, collar and harness.

HEALTH INFORMATION:

Veterinarian Name: _____ Phone Number: _____

Any Known Allergies: _____

_____ We require your pet's rabies certificates, as well as your veterinarian's record of vaccination or Titer report.