

## **Canine Kenneling Service Form**

Elizabeth Edgerton Handling
Professional Show Dog Handling & Transportation

Owner's Name:	
Address:	
Phone Number:	
Email:	
Emergency Contact (Name & Phor	ne):
Dog Information Registered Name / Call Name:	
Breed / Sex / Age:	
Color / Markings:	
Feeding Schedule & Dietary Notes	:
Temperament or Socialization Not	es:
Kenneling Details Drop-Off Date / Time:	
Pick-Up Date / Time:	
Boarding Duration:	
Type of Kennel (Indoor / Outdoo <u>r /</u>	Both):
Playtime Preference (Solo / Pair <u>ed</u>	/ Group):
Health & Veterinary Informat Veterinary Clinic / Phone:	ion
Vaccination Dates (Rabies, DHP <u>P,</u>	Bordetella):
Medications or Special Care Instru	
Known Allergies or Medical Condi	tions:
Care Preferences Bedding / Toys Provided By (Owne	er / Facility):
Grooming During Stay (Yes / No):	
A. J. P.C. over I. Northead	