



Intake Form

(952) 941-2928

Fax: 952-829-7893

6574 Flying Cloud Dr.
Eden Prairie, MN 55344

kingdalekennelsinc@gmail.com

CUSTOMER INFORMATION

Name _____
Address _____

City/State/Zip _____
Home Phone (____) _____-_____
Work Phone (____) _____-_____
Work Phone (____) _____-_____
Cell Phone (____) _____-_____
Cell Phone (____) _____-_____
Email Address _____
Referred by _____

RESERVATIONS

Arrival _____/_____/_____
Departure _____/_____/_____
Contact # (____) _____-_____

Arrival _____/_____/_____
Departure _____/_____/_____
Contact # (____) _____-_____

Emergency Contact

Name _____
Phone # (____) _____-_____

PET INFORMATION

Name _____ Breed _____ Age/DOB _____
Sex _____ Neutered/Spayed? _____ Weight _____ lbs. Color _____
Failing vision? _____ Failing hearing? _____ Is your pet crate-trained? _____
Chronic illnesses or medical conditions? _____

Allergies? _____
Special rules or quirks of behavior? _____

Is your dog aggressive with people or dogs? _____
Has your dog ever bitten a person or dog? _____
Does your dog socialize with other dogs? _____ Where? /How often? _____

Food brand & formula _____ Amount fed _____ am/pm
Bringing food from home? _____ Protective of food? _____
Medication (name & amount/mg) _____ Dosage _____
Purpose of medication _____
Primary pet care (family/friends, kennels, pet sitters): _____ How often? _____
Adopted from (breeder, rescue, family/friend) _____ When? _____



Intake Form

(952) 941-2928

Fax: 952-829-7893

6574 Flying Cloud Dr.
Eden Prairie, MN 55344

kingdalekennelsinc@gmail.com

BOARDING INSTRUCTIONS

- share a kennel with a housemate
- share a kennel with another boarded dog (if suitable companion is available)
- board alone at owner's request
- board alone at Kingdale's request
- evaluate for share

VETERINARY INFORMATION

Name of clinic: _____

If not local: Phone (_____) _____ - _____ City _____ State _____

FLEA & TICK PREVENTION

Name of product _____

Date last administered ____/____/____

VACCINATION DUE DATES

DHPP ____/____/____

Rabies ____/____/____

Bordetella ____/____/____

HEARTWORM PREVENTION

Name of product _____

Date last administered ____/____/____

Please attach a copy of your pet's vaccination records from your vet.

ADDITIONAL SERVICES (Performance is subject to availability.)

- Basic bath (not available for all breeds or coats. Cost varies.)
All dogs bathed on their day of departure must be picked up at 2:00 pm or later.
- Nail trim (we must be able to safely trim nails without undue stress to the pet.)
- Walk/Playtime Frequency: ____ daily ____ every other day ____ # times during board
Limit one session per day, 15 minutes per session. Cost varies.

EMERGENCY VETERINARY CARE DIRECTIVE (Select one of the following choices.)

If my pet becomes seriously ill and I cannot be reached, follow these instructions for veterinary care:

- Pursue any diagnostic tests and extraordinary measures offered by the treating veterinarian.
- Pursue any diagnostic tests and extraordinary measures offered by the treating veterinarian as long as my pet is likely to recover its previous quality of life.
- I do not want extensive diagnostic tests or any extraordinary measures taken.

I understand Kingdale Kennels, Inc. will insist my pet be kept comfortable with pain control and hydration until I can be reached. I am solely responsible for providing emergency contact information on each visit. Only I can make the decision to euthanize my pet. If I know I cannot be reached, it is my responsibility to provide further written instructions for veterinary care.

If possible, keep veterinary expenses under \$_____ (\$300 min.) until I can be reached.

Signature _____ Date ____/____/____



Intake Form

(952) 941-2928

Fax: 952-829-7893

6574 Flying Cloud Dr.
Eden Prairie, MN 55344

kingdalekennelsinc@gmail.com

BOARDING CONTRACT

All pets are boarded, bathed or otherwise cared for without liability for loss or damage from illness, injury, death, escape, theft, fire or other unavoidable causes. You, the pet owner, are responsible for all costs for any property damage or injury to persons or other animals by your pet.

We at Kingdale Kennels, Inc. take pride in caring for your pet. All precautions are taken to limit the possibility of illness or injury to pets in our care. However, if your pet is ill or injured we will: 1) attempt to contact you as soon as possible; 2) consult your designated veterinarian whenever possible; 3) seek care at Affiliated Emergency Veterinary Services, if needed, at times outside normal veterinary hours. Any incurred vet charges are to be paid by you, the pet owner.

As a condition of this contract, you authorize the release of your pet's vaccination and medical information to Kingdale Kennels, Inc., at any time prior to, during, or after the performance of services.

When using Kingdale Kennels, Inc. for boarding or any other services you agree to pay for all services rendered upon completion of service. Please do not abandon unwanted pets at our kennels.

You will be expected to cover all charges incurred from leaving a pet indefinitely. Minnesota statutes provide us the right to sell any pet that has stayed ten or more days beyond the designated date of pick up.

This contract shall be considered in effect each time the pet owner requires the services of Kingdale Kennels, Inc. for this pet or any other future pet(s).

_____ Date ____/____/____
Signature of Pet Owner

_____ Date ____/____/____
Signature of Pet Owner's Agent (Deliverer of Pet)

Please fill out and deliver to Kingdale Kennels however is most convenient.

Deliver or Mail To: Kingdale Kennels
6574 Flying Cloud Dr.
Eden Prairie, MN 55344

Fax To: (952) 829-7893

Email to : kingdalekennelsinc@gmail.com

All prices and policies are subject to change without notice.