

DOG'S NAME: _____ Description _____ Weight _____

DROP OFF DATE _____ PICK-UP DATE _____ Pick up time _____ A.M. or _____ P.M. **Note kennel hours!**

Dogs being bathed must be picked up during afternoon hours, unless prior arrangements are made.

OWNER'S NAME: _____ EMAIL ADDRESS: _____

ADDRESS _____ CITY / ZIP _____

PHONE: Home _____ Work _____ Cell _____ Destination Phone _____

LOCAL EMERGENCY CONTACT PERSON: _____ PHONE _____

Coastal transports to nearest vet in life-threatening emergency. Otherwise, contact person is called to transport to vet for necessary non-emergency treatment. Coastal transports for **non-emergency treatment** at **\$25 per hour**, including travel & waiting time.

MEDICATION / MEDICAL CONDITION: _____

Dogs receiving medication must have ID tag or name written on collar in permanent ink. Medicine containers must be labeled with dog's first and last name, and with correct dosage instructions printed on the container.

VET _____ Spayed/Neutered? _____ Flea Control? _____ Heartworm Meds? _____

FEEDING: Own Food _____ Kennel Brand _____ Amount & Schedule _____

BEHAVIOR ISSUES: _____

If your dog is playing well with other dogs, may we leave him/her out with the group unsupervised? _____

Do you want your dog to have a "Going Home" Bath? _____. (\$20 - more for dogs with thick or matted coats.)

Dogs being bathed must be picked up during afternoon hours, unless prior arrangements are made.

Other services requested (See current rates): _____.

Coastal may charge for all nights reserved, unless cancellation received 3 days prior to drop off date. If dog is not picked up on arranged date *and kennel is full*, dog may be crated or moved to an outdoor run (shelter provided in runs). Coastal may charge for repairs to the kennel facilities for any damage caused by your dog. Your dog may be in a run with a day care dog for a short period of time. **Coastal is not responsible for loss of or damage to items left for your dog - do not leave items you value greatly.**

I certify that my dog is current on vaccinations. I authorize Coastal to seek necessary medical treatment for my dog. Treatment will be obtained from my regular vet if available, however, I authorize treatment by any veterinarian. I hold Coastal Dog Services harmless, and release them from any liability associated with any accident or injury to my dog while in their care. I certify that I am of age to sign a legally binding contract in the state of Virginia. *A Virginia Comprehensive Animal Laws notice is posted in the kennel. Copies available on request. Rates & fees are posted in the kennel, on our web site, and are available upon request.*

SPACE BELOW FOR STAFF USE

(Owner's Signature & Date)

(Shot Exp.): Rabies _____ 7 Way _____ Bordetella _____
Fecal _____ Heart Worm Test _____

NO. OF NIGHTS _____
NIGHTLY CHARGE x _____
LAST DAY P.M. PICKUP _____
OPTIONAL SERVICES + _____
TOTAL DUE = _____

ITEMS BROUGHT BY OWNER: _____

Bath on calendar? _____ Food Labeled? _____ Staff Initials _____