

DOG'S NAME: _____ Description _____ Weight _____

DROP OFF DATE _____ PICK-UP DATE _____ 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 CONTACT PERSON: (We transport to nearest vet in extreme emergency. Contact person is called to transport in approved **non-emergency** situations. Coastal transports for **non-emergency treatment** at **\$25 per hour**, including travel time).

EMERGENCY CONTACT NAME _____ PHONE _____

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

MEDICATION / MEDICAL CONDITION: _____

Dogs receiving medication must wear an ID tag, or have name written on collar in permanent ink. Medications must be labeled with dog's first and last name, and instructions printed on the bottle must match instructions given on this form.

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

BEHAVIOR ISSUES: _____

Dogs are pack animals. Your dog may make a friend, and may feel more secure sharing a run. Can we match your dog with a "kennel buddy" of compatible temperament if it appears to benefit your pet? _____

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**? _____. (\$15 - 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 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.

Please see notice posted in kennel regarding the Virginia Comprehensive Animal Laws. Copies are 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)

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

ITEMS BROUGHT BY OWNER: _____

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

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