



Chamberlain Kennels & Training

Chamberlain Dog Training LLC

Boarding Information

Owner's Name(s): _____

Address: _____

City / State / Zip: _____ Phone(s): _____

Phone(s): _____

Emergency Contact (other than owner) Name : _____

Phone : _____ Email : _____

Relationship : _____

Dog's Name: _____ Spayed / Neutered / Intact

Breed(s) : _____

Birth-date/Age: _____ Weight : _____ Sex : _____

Color(s): _____

Feed Instructions:

Veterinarian's Name/Clinic: _____

City / State / Zip : _____

No Shots, No Docs, No Service! Chamberlain Dog Training LLC will not board, train, or provide care for your pet without updated vaccination documentation. So, please provide vaccination documentation and medical records. In addition, please list the current expiration dates for the following vaccinations:

Rabies _____ DHLPP _____ Bordetella _____

Please describe any medical or physical conditions or allergies. _____

Medications No / Yes- Please fill out medication sheet

Other Information Has your dog been ill in the last 30 days? Yes / No

Is your dog displaying any unusual symptoms such as coughing, sneezing, or upset stomach? Yes / No

Has your dog ever bitten, attacked or shown aggressive behavior towards people or dogs? Yes / No

Please describe any behavioral problems, identify any dietary conditions, or other important information we should know: Pet Pickup – Chamberlain Dog Training LLC will release your pet to the following person(s) _____

Dog's Name: _____ Spayed / Neutered / Intact
Breed(s) : _____
Birth-date/Age: _____ Weight : _____ Sex : _____
Color(s): _____
Feed Instructions:

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