

PCS SPONSOR INFORMATION (FOR PSC IN ONLY)

NAME: _____

DUTY#: _____ HP#: _____

DATE MADE: _____ PCS IN: AMC NAHA

LATE NIGHT: Y N LATE NIGHT CELL: Y N

KENNEL # _____

CANCEL BY: _____

INITIAL HERE: _____

CHECKLIST: _____

KARING KENNELS REGISTRATION FORM

IN DATE _____ OUT DATE _____

REASON FOR BOARDING: PCS IN PCS OUT VACATION TDY EMERGENCY OTHER: _____

WILL YOU BE OFF ISLAND? Y N STATESIDE # _____

OWNER'S INFORMATION

NAME _____ ORG/UNIT _____ BRANCH _____ RANK _____

DUTY# _____ HOME# _____ DEROS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PET(S) INFORMATION

#1 PET'S NAME: _____ SEX: M F FIXED: Y N

PLEASE CIRCLE: Dog Cat BREED: _____ AGE _____

#2 PET'S NAME: _____ SEX: M F FIXED: Y N

PLEASE CIRCLE: Dog Cat BREED: _____ AGE _____

#3 PET'S NAME: _____ SEX: M F FIXED: Y N

PLEASE CIRCLE: Dog Cat BREED: _____ AGE _____

HAS YOUR PET(S) EVER BEEN KENNELED BEFORE? Y N

HAS YOUR PET(S) EVER SHOWN AGGRESSION? Y N

WITH OTHER ANIMALS? Y N WITH PEOPLE? Y N

DISPOSITION/PERSONALITY _____

DOES YOUR PET(S) HAVE ANY HEALTH PROBLEMS? Y N

EXPLAIN _____

IS YOUR PET(S) ON ANY PERSCRIPTION MEDICATIONS? Y N DOES YOUR PET(S) HAVE ALLERGIES? Y N

LIST ANY MEDICATION AND THEIR DOSAGE _____

BRAND OF FOOD _____ AMOUNT FED: _____

FOR KENNEL STAFF USE ONLY

EMPLOYEE INITIALS: _____ SHOT RECORD COPIES: HAVE / NEED ALLERGIES: Y / N

SKIN PROBLEMS: Y / N EARS: CLEAN / DIRTY EYES: CLEAR / RUNNY

BRAND OF FOOD: _____ AMOUNT BROUGHT IN: _____

COMMENTS: _____

DATE OF DEPOSIT _____ DEPOSIT RECEIVED BY: _____

AMOUNT PAID \$ _____ 501 232P CHECK CASH CARD

DATE CANCELED: _____ REASON: _____ EMPLOYEE INTLS: _____

In the event of an emergency, Karing Kennels staff will call the Emergency Contact listed below. This person is then responsible for relaying information to the owner. If this is life or limb threatening, management or the Vet Clinic will contact the owner. The Emergency Contact is authorized only to bring in food for the pets and to call and ask how the pets are doing.

Would you like your Emergency Contact to be authorized to pick-up, drop-off or visit your pet? YES NO Initials: _____
EMERGENCY CONTACT INFORMATION (This is mandatory. It must be someone other than the owner.)

NAME _____ RANK _____ ORG/UNIT _____ BRANCH _____

DUTY# _____ HOME# _____ CELL# _____

EMAIL _____

In the event Karing Kennels is unable to continue to board my animal for any reason, my Emergency Contact will remove my pet from the Kennels. I will still be liable for all boarding fees up to the point my pet leaves the premises. **THE ABOVE EMERGENCY CONTACT HAS BEEN NOTIFIED.** SIGNATURE: _____

FOR KENNEL USE ONLY

PRICES ARE FOR ONE KENNEL ONLY (If same sex or fixed, 3 dogs only if small)

Overflow: 15.00 / 90.00 (1dog) 20.00 / 120.00 (2dogs) 25.00 / 150.00 (3dogs)

1 CANINE

____ DAYS X \$20.00 = _____

____ WEEKS X \$120.00 = _____

2 CANINES

____ DAYS X \$30.00 = _____

____ WEEKS X \$180.00 = _____

3 CANINES small breeds only (pug, min pin)

____ DAYS X \$40.00 = _____

____ WEEKS X \$240.00 = _____

1 FELINE

____ DAYS X \$15.00 = _____

____ WEEKS X \$90.00 = _____

2 FELINES

____ DAYS X \$25.00 = _____

____ WEEKS X \$150.00 = _____

3 OR 4 FELINES:

MUST RESERVE and pay for 2 CAT CONDOS!!

\$40.00 per day / \$240.00 per week

TOTAL BOARDING \$ _____

DEPOSIT \$ _____

REMAINING BOARDING COSTS \$ _____

KENNEL COUGH \$ _____

TRANSPORT FEE \$ _____

After Hours fee (5pm-7am): \$ _____

Early pick up/drop off fees (7am-10am): \$ _____

Late Fees \$ _____

FOOD \$ _____

MEDS \$ _____

GROOMING \$ _____

SALES \$ _____

BALANCE \$ _____

AMOUNT PAID \$ _____

TOTAL DUE \$ _____

DATE OF DEPOSIT _____

CHECK__ CASH__ CARD__ 501__ 232p__

DEPOSIT RECEIVED BY _____

Transport date and time: _____

After hours pick up/drop off time: _____

Early pick up/drop off time: _____

CHECK__ CASH__ CARD__

DATE PAID _____ EMPLOYEE INITIALS _____

PCS ON ISLAND INFORMATION

Pet was in GOJ quarantine for _____ days. Final quarantine date is/was _____.

Pet was at Karing Kennels from _____ to _____.