

OAKSHADOWS KENNEL PLUS

Date: _____ **Class:** _____ **Time:** _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Provider _____
Home _____ Cell _____ for Texts _____

Referred _____
Email _____ By _____

Dog's Name _____ Sex _____ Spay/Neutered _____

Breed _____ Birth Date _____

Veterinarian _____ Vet Phone _____

Vaccination Expiration Dates:

DHLPP _____ Rabies _____ Bordetella _____

In acceptance of my pet by Oakshadows Kennel Plus, I agree that I assume all risk of accident and there by release and discharge Oakshadows Kennel Plus from all claims, demands, damages, actions and causes of actions whatsoever which can or may ever be asserted as a result of, related to, or connected with the presence of my pet at Oakshadows Kennel Plus.

In addition, I agree that this agreement covers the presence of my pet at Oakshadows Kennel Plus this date and after.

Owner's Signature and Date