



Ultimate Companions

Positive Training With The Ultimate Reward

RESERVATION REQUEST FOR BOARDING

STREET: _____

TOWN: _____ ST: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____ CELL: () _____

DOG'S NAME: _____ BREED: _____

DOG'S BIRTHDAY _____ SEX: Male Neutered Male

Female Spayed Female

EMERGENCY CONTACT # _____

TRAIL DAYS CONVENIENT _____

DATES YOU WANT TO BOARD: _____

WHERE WERE YOU A STUDENT? _____ WHEN? _____

VETS NAME AND PHONE: _____

VACCINATION DATES: DHLP _____ KENNEL COUGH _____ RABIES _____

DOES YOUR DOG TAKE MONTHLY HEARTWORM PILLS? _____

ANY ALLERGIES? _____ MEDICAL PROBLEMS? _____

FOOD BRAND: _____ #TIMES/DAY _____ AMOUNT: _____

FOOD IS MIXED WITH WATER OR DRY? _____ PICKY EATER? _____

AFRAID OF THUNDER? YES NO OK WITH TENNIS BALLS? YES NO

OK WITH STICKS YES NO DOES THE DOG CHEW? YES NO

CRATED WHEN YOU GO OUT? YES NO CRATED AT NIGHT? YES NO

EVER CRATED WHEN YOU ARE HOME? YES NO

WHERE DOES YOUR DOG SLEEP? _____

ULTIMATE COMPANIONS - 802.387.4008

EMAIL: info@ultimatecompanion.com

WEBSITE: www.ultimatecompanion.com

IF YOU DO NOT CRATE YOUR DOG, DID YOU EVER? [] YES [] NO

TIED OR FENCED AT HOME? _____

TYPE OF FLEA/TICK PROTECTION USED: _____

HAS/DOES YOUR DOG EVER PLAY LOOSE WITH OTHER DOGS? IF SO, HOW OFTEN:

(DESCRIBE) _____

WHEN DOES YOUR DOG BARK? _____ (OVER)

HAS YOUR DOG EVER BITTEN (DRAWN BLOOD) OR BEEN BITTEN BY ANOTHER DOG? IF SO, PLS. EXPLAIN ON BACK:

ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR DOG?

I hereby waive and release Ultimate Companions, its employees, officers, members and agents from any and all liability of any nature for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while staying with Ultimate Companions or while on the surrounding area thereto. In consideration of and as inducement to the acceptance of my application for boarding by Ultimate Companions, I hereby agree to indemnify and hold harmless Ultimate Companions and its employees, agents officers and members from any and all claims or claims by any member of any family or any other person accompanying me to Ultimate Companions or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

I also authorize Bill Grant and Bruce Hazelton to use their judgment, in my absence, to take my dog to the veterinarian or kennel of their choice for illness or behavioral reasons.

SIGNATURE of authorized agent or owner: _____ DATE: _____

EMAIL ADDRESS: _____

Please return this form to:

Bill Grant – Ultimate Companions
P.O. Box 848
Putney, VT 05346

HUG YOUR DOG TODAY!

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