

# Stonebridge Kennels

6142 Burr Oak Rd.  
Roscoe, IL 61073  
815-623-3000  
stonebridgekennels.net

## **Boarding Application/information**

### Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Pet Information:

1. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ (min. age 4 months)

Circle: male / female      Formal training: yes / no      Weight: \_\_\_\_\_ lbs

Allergies: \_\_\_\_\_ Medical conditions: \_\_\_\_\_

Will medications be administered by staff? yes/ no (Please include vet's instructions.)

List special requests/needs: \_\_\_\_\_

Is this dog allowed treats? yes / no    Has this dog been crate trained? yes / no

Has this dog ever bitten another dog, person, or animal? yes / no

If "yes", explain: \_\_\_\_\_

\_\_\_\_\_

What flea/tick preventative is your pet on? \_\_\_\_\_ Last dose: \_\_\_\_\_

2. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ (min. age 4 months)

Circle: male / female      Formal training: yes / no      Weight: \_\_\_\_\_ lbs

Allergies: \_\_\_\_\_ Medical conditions: \_\_\_\_\_

Will medications be administered by staff? yes/ no (Please include vet's instructions.)

List special requests/needs: \_\_\_\_\_

Is this dog allowed treats? yes / no    Has this dog been crate trained? yes / no

Has this dog ever bitten another dog, person, or animal? yes / no

If "yes", explain: \_\_\_\_\_

\_\_\_\_\_

Additional helpful info: \_\_\_\_\_

3. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ (min. age 4 months)

Circle: male / female      Formal training: yes / no      Weight: \_\_\_\_\_ lbs

Allergies: \_\_\_\_\_ Medical conditions: \_\_\_\_\_

Will medications be administered by staff? yes/ no (Please include vet's instructions.)

List special requests/needs: \_\_\_\_\_

Is this dog allowed treats? yes / no    Has this dog been crate trained? yes / no

Has this dog ever bitten another dog, person, or animal? yes / no

If "yes", explain: \_\_\_\_\_

\_\_\_\_\_

Additional helpful info: \_\_\_\_\_

List person(s) authorized to pick up your dog(s) if you can't:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian Information:

Dr. Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Proof of current vaccinations (Distemper, Parvovirus, Rabies, Bordetella, Leptospirosis, and Parainfluenza) MUST be provided BEFORE you dog is boarded. A current fecal exam must also be provided. You may bring the records in, mail them, or have your vet fax them to Stonebridge Kennels.**

**By providing your credit card information, we will be able to provide medical care to your pet if needed. Additional form must be filled out.**

Pets arriving for boarding and/or doggie day care with fleas/ticks will be bathed at owners expense (\$30.00 minimum).

Payment in full for services due on or before date of pick-up.

I, the pet owner, state that all the information contained in this application is true. I understand that not all dogs are suitable for boarding and/or doggie day care. I understand that for any reason, and without notice, Stonebridge Kennels may exclude my dog(s) from boarding and/or doggie day care. I agree to the terms and conditions of this form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_