

Golden Grange Kennels, LLC

134 Chesterfield Georgetown Road
Chesterfield, NJ 08515
609-324-3647 Office
609-291-9422 Fax

Registration/Reservation Form

Owner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Email Address: _____

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: (____) _____

Name of Dog #1: _____ Breed: _____
Birth Date: _____ Age: _____ Color: _____ Weight: _____
Sex: _____ Spayed or Neutered: _____
Is dog house broken? _____ Is dog crate trained? _____
Has your dog ever been boarded before? _____
If yes, where: _____
Has your dog ever bitten a person? _____ If yes, explain: _____

Has your dog ever exhibited aggressive behavior towards another dog? _____
If yes, explain: _____
Has your dog ever been bitten or attacked by another dog or been abused by a person:
If yes, explain: _____
Does your dog eat animal feces? _____
Are there any other issues we should know about your dog (please complete this form and then
return to this section): _____

HOURS
Sunday
1:00 PM to 4:00 PM
Monday – Friday
8:00 AM to 11:00 AM
2:00 PM to 7:00 PM
Saturday
8:00 AM to 5:00 PM

Feeding

We offer our kennel guests Eagle Pack Natural Formula premium dry dog food at no additional cost. ***If you prefer to provide your own food, there is an additional charge for storage and handling.***

Please choose food (circle one): Eagle Pack or I'll provide my own.

How shall we feed your dog (volume and frequency per day?)_____

Medical/Emergency Information

Veterinarian's Name/Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Vaccinations (***proof from vet required***):

Please list expiration date of the following vaccinations:

Rabies _____ DHLPP _____

Bordetella _____

Method of Flea control (***proof of prescribed flea control required***): _____

Has your dog ever had kennel cough: _____

Does your dog cough, sneeze wheeze or exhibit any asthmatic symptoms: _____

Please describe any medical or physical problems with your dog: _____

List all medications and dosage your dog is currently prescribed: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:() _____ Cell Phone:() _____ Work Phone:() _____

Emergency medical care. If, in our judgment, your dog requires medical care and we are unable to reach you, please indicate below, whether you want us to take your dog to a veterinarian or animal hospital. PLEASE INITIAL ONE (1) OR TWO (2) ONLY.

(1) By initialing here, you agree to be solely responsible for the payment of all medical bills for your dog and you release Golden Grange Kennels, LLC, its officers, directors, agents and employees (Golden Grange Kennels, LLC) of and from any and all responsibility for or claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian hospital. _____

Initials

(2) By initialing here, you agree to release Golden Grange Kennels, LLC of and from any and all responsibility for, or claims, damages, debts arising out of or related to Golden Grange Kennels not providing or obtaining medical care for your dog and you acknowledge that Golden Grange Kennels is not required to give any medical aid. _____

Initials

Who is authorized to pick-up your dog (if other than owner):
Please inform them that identification may be required.

By initialing here, you may verbally (by telephone) or in writing (by fax or otherwise) request that Golden Grange Kennels release your dog to someone other than the person(s) listed above, and you release Golden Grange Kennels of and from any and all responsibility for releasing your dog to any person Golden Grange Kennels reasonably believes to be authorized by you.

Initials

****PLEASE READ****

Golden Grange Kennels Policies

Golden Grange Kennels reserves the right to immediately change your dog's type of boarding if we believe it is necessary to protect the health and well being of your dog, other dogs, or our staff. In order to ensure your dog's comfort, safety and security, and to meet peak occupancy demands, your dog may be housed in a canine crate. Golden Grange Kennels cannot guarantee that items brought in with your dog will be returned or returned in the same condition that the item was brought here in.

Golden Grange Kennels will assess a posted surcharge for dogs that are not spayed or neutered. A portion of this surcharge will be donated to a low cost spay/neuter organization at the end of each fiscal year. Golden Grange Kennels will have sole discretion as to which organization receives the determined portion of the surcharge.

By submitting this form,

- a. You indicate your agreement with all the terms hereof,
- b. You authorize Golden Grange Kennels to obtain medical and vaccination records for your dog from the veterinarian listed above and you hereby authorize your veterinarian to release these records to Golden Grange Kennels.
- c. You release, indemnify and hold Golden Grange Kennels harmless from any and all manner of damages, claims, losses, liabilities, costs or expenses, causes of action or suits,

whatsoever in law or equity (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by Golden Grange Kennels, except which may arise from the sole gross negligence or intentional and willful misconduct of Golden Grange Kennels, including without limitation: (1) any inaccuracy in any statement made by yourself or information provided by you to Golden Grange Kennels (2) your dog, including but not limited to destruction of property, dog bites and transmission of disease, and (3) any action by yourself which is in breach of the terms and conditions of this Agreement.

Please remember you are required to bring proof of your dogs updated shot records and proof that your dog is prescribed a medically acceptable flea control treatment.

Signature: _____ Date: _____
Print Name: _____

Golden Grange Kennels agent signature: _____
Print name: _____

Please let us know how you learned about us, we would like to thank them properly:

Your vet _____
A friend (name and phone number) _____
Other (explain) _____

The terms of this agreement apply to the addendum attached for additional dog(s) _____
Initials

What other services may we provide to your dog while he/she is staying with us?

Frozen Peanut Butter Kong (\$10.00 - \$14.00) _____
depending on size
Peanut Butter Refills (\$4.00) _____
Ice Cream Party (\$5.00) _____
Playtime (\$15.00) _____
Grooming (starting at \$60.00, please call and inquire prior to check in) _____