Pet's Name Owner's Name	I owner of
Emergency Contact Name Number Drop Off Day Pick Up Day	Agree that my pet has been inoculated against all communicable diseases and is current with all the following vaccinations: Distemper, Hepatitis, Para
	influenza, Parvovirus, Rabies, and Bordetella (kennel cough).
Daily Rate Includes 1 Playtime Per Day Playtime: Yes / No How many per day? (\$1.50 per session) Please circle below 1 2 3 Nature Walks: Yes / No Please check days you would like a walk given or just check one per day. (\$5.00 per walk) One per day	Because we feel that we have provided a safe and secure environment for all pets; you the pet owner agree that Countryaire Kennels Inc. is not responsible for any injury that may occur during your pets stay at Countryaire Kennels Inc. You the owner also agree that Countryaire Kennels Inc. is not responsible for any of the following: damage from disease, death, theft, fire, injury to or from any other pets, running away, loss or damage done to personal property left with pet, or any other unavoidable mishaps.
SunMonTuesWedThurFriSat ********************************	We cannot diagnose or prescribe; however, if we note illness or any other warning signs that deserve attention, we will engage the services of a veterinarian. The pet will be taken to one of the following veterinarians: Germantown Animal Hospital, Thiensville/Mequon Small Animal or Wisconsin Veterinary Referral Center in Grafton. Any non-emergency situations will be handled over the phone with you the owner or the emergency contact left by you the owner and a veterinarian if needed. Any necessary veterinary charges or any other expenses paid by Countryaire Kennels Inc. must be reimbursed to Countryaire Kennels upon the owners return and before the pet is released
Please leave blank if you do not wish to have grooming/bathing for your pet. These services are additional charges.	
Full Groom (hair cut on entire body) Bath (no haircut) Nails Only Bath/Trim (trim all feathering, feet, face, eyes)	
Date pet should be done: Approx. time of pick up	from Countryaire Kennels Inc.
Number to call when pet is finished	

Feeding (please tell us how much per feeding)	Owner or authorized person
AM:	signature
PM:	Date
Medications	
AM:	Countryaire Kennels Staff Signature
PM:	Country wife Nemicia Stan Signature
1 1714	