

# CEDAR BEND KENNELS

312 WIDOW NEWMAN LANE  
KNOXVILLE TN. 37924  
(865)661-5717

## BOARDING / GROOMING RELEASE FORM

Date in _____	Pet name _____
Owners name _____	Breed _____
Address _____	Male Female Spayed Neutered
City, St, Zip _____	Color _____
Telephone _____	Age _____
Email _____	Playtime Individual _____ Group _____
Emergency Contact phone _____	Preferred Vet _____
Emergency Contact name _____	Vet Phone # _____
Is dog/Cat Current with these vaccinations- Rabies date _____ Distemper date _____ Bordetella date _____	
Is Dog/Cat on flea prevention? Yes _____ No _____	
Has Dog/Cat been groomed before? Yes _____ No _____	

Where did you hear about us? \_\_\_\_\_

May we use pictures of your pet on our web page and facebook? \_\_\_\_\_

**All animals must be free of external parasites (fleas and ticks), or they will be treated with a flea and tick bath at the owners expense.**

In case of illness or injury, I do hereby give consent for Cedar Bend Kennels to seek treatment from my vet of choice or the closest vet if needed while my pet(s) are being boarded/Groomed at Cedar Bend Kennels. They are to use all reasonable precautions against illness, injury, or escape of my pet(s), and will not be held liable or responsible in any manner, under any circumstances, on account of the care, treatment, or safe-keeping of my pet(s), as it is thoroughly understood that I assume all risks. Should the circumstance arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address above. Seven days after such written notice, the pet(s) will be considered abandoned and will become the property of Cedar Bend Kennels to be handled as we deem best. It is further understood that such action will not relieve me from paying all costs of services rendered.

I have read the requirements and understand CBK policies

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

## Guest Information

### Feeding Instructions:

Type of Food: Kennel Provided \_\_\_\_\_ Owner Provided \_\_\_\_\_  
Amount Per Feeding: \_\_\_\_\_(cups) AM\_\_\_\_ MID\_\_\_\_ PM\_\_\_\_ Free Feed\_\_\_\_\_

Medications: \_\_\_\_\_  
Dosing  
instructions \_\_\_\_\_

Has pet been boarded before? \_\_\_\_\_  
Does your pet have any food allergies? \_\_\_\_\_  
Is your pet on flea prevention/what kind? \_\_\_\_\_  
Can your pet receive treats throughout the day? \_\_\_\_\_  
Has your pet been ill in the last 30 days? \_\_\_\_\_  
Does your pet have a favorite toy or activity? \_\_\_\_\_

### Personal Items you will be leaving:

\_\_\_\_\_

### Would you like to add any of the following services

Bath- *yes no*                      Nail Trim- *yes no*                      Ear cleaning- *yes no*

### Other Important Information:

How long have you had your dog or cat? \_\_\_\_\_  
Where did you get him or her from? \_\_\_\_\_

Does your pet have any physical or medical conditions that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Does your pet exhibit fear toward any of the following:

Storms \_\_\_\_\_ Strangers \_\_\_\_\_ New places \_\_\_\_\_ Bath Time \_\_\_\_\_

Nail Trims \_\_\_\_\_ Other \_\_\_\_\_

### Socialization: Dog

Has your dog ever bitten a person or other animal causing harm?	Y	N
Does your dog get to socialize with different dogs	Y	N
Do you go to the dog park	Y	N
Does your dog like cats	Y	N
Do you walk your dog	Y	N