



2685 Nauset Road
Eastham, MA 02642
p 508-255-0081
f 508-247-9209
<http://nausetkennels.com>

New Client Enrollment Application

1. Pet's Name _____ Dog/Cat Male/Female Neutered/Spayed
Breed _____ Color _____ DOB _____
2. Pet's Name _____ Dog/Cat Male/Female Neutered/Spayed
Breed _____ Color _____ DOB _____
3. Pet's Name _____ Dog/Cat Male/Female Neutered/Spayed
Breed _____ Color _____ DOB _____

Owner/Responsible Party's Name:

Residential Address:

City: _____ State: _____ Zip: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell Phone Number: _____

Email: _____

*We ask for email as an alternate form of contact for confirming reservations, providing updates or information about your pet, and sending the occasional coupon or kennel information. Our intent is not to bother you or waste your time!

In the event of an emergency please call:

Veterinarian Clinic & Phone Number:

Please Tell Us About Your Pet

If you have multiple pets, please indicate which pet you are referring to in your answers.

1. Has your dog or cat ever bitten a person? If yes, please explain.

2. Has your dog ever bitten or been in an altercation with another dog? If yes, explain and give circumstances.

3. Does your dog or cat have any allergies, food or otherwise?

4. We believe strongly in socializing our pets. Please let us know if your dog has experience with other dogs, either through dog parks, neighbor's dogs, etc.

5. Please tell us a bit about your pet(s), good and bad, that will give us a better understanding of his or her temperament, behavior, and needs.

By signing below, I indicate that I have read the online boarding agreement (a separate document) and understand the terms and conditions of boarding my pet.

Signature: _____

7/22/2009

