

# ***Southern Star Ranch Boarding Kennel, LLC***

***11701 N. Highway 183***

***Florence, TX 76527***

***254-793-8173***

***Fax: 254-793-8174***

***[www.k9motel.com](http://www.k9motel.com)***

## ***Owner Information***

Owner \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular1 \_\_\_\_\_

Work Phone \_\_\_\_\_ Cellular2 \_\_\_\_\_

Email \_\_\_\_\_

Additional Emergency Contacts/Numbers \_\_\_\_\_

How did you hear about us?    \_\_\_ Google    \_\_\_ Yellow Pages Online    \_\_\_ Phone Book    \_\_\_ AGSDR  
   \_\_\_ Friend    \_\_\_ Veterinarian            \_\_\_ Drive By  
   \_\_\_ Other \_\_\_\_\_

Are you Active Military? **Y / N**

**Military ID Expires** \_\_\_\_\_

Please show your Military ID to Kennel representative in order to establish your military discount.

## **Emergency Instructions**

If there were an emergency, and we or the veterinarian cannot reach you, we would refer back to these instructions. When you are out of town, we act as your agent. We know these are difficult questions to ask, and to answer. We hope we never have to use this portion of the contract, but if so, we need to know how you feel. For all pets boarding with Southern Star Ranch Boarding Kennel, LLC, please complete the following.

1) Use all life saving measures to save my pet up to the designated amount (**Circle your preference and initial**):

Initial

\_\_\_\_\_ \$500\*    \$1,000            \$2,000    \$3,000    Unlimited    Other \_\_\_\_\_

\* Please know that if a pet has to be taken to an after-hours clinic, a \$500 charge would be a typical minimal fee, as it usually involves blood work, X-Rays, etc.

2) If my pet died, or euthanasia were advised by a vet, handle the remains as (**Initial your choice**):

- \_\_\_\_\_ Frozen body returned to owner
- \_\_\_\_\_ Mass cremation, no ashes returned
- \_\_\_\_\_ Individual cremation, with ashes returned

(Additional Pet Info on back)

## ***Pet Information***

	#1	#2	#3	#4
Pet Name:	_____	_____	_____	_____
Species	Canine / Feline	Canine / Feline	Canine / Feline	Canine / Feline
Breed	_____	_____	_____	_____
Sex	Male / Neutered Female / Spayed	Male / Neutered Female / Spayed	Male / Neutered Female / Spayed	Male / Neutered Female / Spayed
Birthdate/Age	_____	_____	_____	_____
Weight	_____	_____	_____	_____
Color/Markings	_____	_____	_____	_____
Can Climb 6' Fence (for dogs only)	Yes / No	Yes / No	Yes / No	Yes / No
Can Jump 6' Fence (for dogs only)	Yes / No	Yes / No	Yes / No	Yes / No
Special Diet/Allergies	_____	_____	_____	_____
Food Quantity	_____	_____	_____	_____
(Circle)	AM / PM / Both	AM / PM / Both	AM / PM / Both	AM / PM / Both
Is your pet using Flea/Tick Preventative	Yes / No	Yes / No	Yes / No	Yes / No
What Type	_____	_____	_____	_____
Abnormal Fears	_____	_____	_____	_____
Ever bitten someone?	Yes / No	Yes / No	Yes / No	Yes / No
If 'Yes, please explain	_____			
Comments/Special Instructions:	_____			
	_____			

**Vaccination Verification:** *The following vaccinations will be verified by kennel representative from your pet's veterinarian records\*\*.*

**Canine:**

Rabies	*within 1 to 3 years
Distemper	*within 1 to 3 years
Parvo	within 1 year
Bordatella	*within 6 months or 1 year

**Feline:**

Rabies and FVRCP	within 1 year
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\* Note: If Vet records do not indicated the number of months or years, or have a reminder date, the shorter period is assumed.  
Puppies are required to have a series of from 3 to 5 Distemper/Parvo vaccination boosters.

**\*\*Vaccinations given by owners are not accepted.**