

Country Air Vacation Kennels
5272 Old Virginia Springs Rd. Roanoke, VA 24014 540-427-0444

Owner's Name: _____ Phone: _____
Emergency Contact: _____ Emergency Contact #: _____
Veterinary Office: _____
DATE IN: _____ **DATE OUT:** _____ **AM / PM**

Bath: Y N **Full Groom:** Y N **Separate to Feed:** Y N **Nails:** Y N **Meds:** Y N
(Includes Nails) (Haircut) (Multiple dogs)

Pet's Name: _____ Breed: _____ Color: _____ Approx. Weight: _____
Male/Female Neutered/Spayed Y N Escapist Y N Good with Dogs Y N add'l info _____
Medications/Allergies Y N Specify: _____
Feeding Instructions: **DRY** Y N _____ cups _____ x's/day **WET** Y N _____ can _____ x's day

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Male/Female Neutered/Spayed Y N Escapist Y N Good with Dogs Y N add'l info _____
Medications/Allergies Y N Specify: _____
Feeding Instructions: **DRY** Y N _____ cups _____ x's/day **WET** Y N _____ can _____ x's day

Belongings: _____

My signature indicates agreement to all guidelines pertaining to boarding my dog(s) at Country Air Vacation Kennels LLC.

Signature _____ Date _____

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