Woodland Kennels & Grooming

Last Name _____ First _____ ( ) Phone Number

Emergency Contact: _____ ( ) Phone Number

Veterinary Office: _____ ( ) Phone Number

Address: _____

Pet's Name: _____ Breed: _____

Description: _____

Please Circle appropriate answer: MALE FEMALE Altered: YES NO

Dry Food Name: _____ Amount AM _____ Amount PM _____

Wet Food Name: _____ Amount AM _____ Amount PM _____

Medication Name: _____ Instructions: _____

Medication Name: _____ Instructions: _____

When was flea medication last administered? _____ What brand of flea mediation was used? _____

Does your dog eat stones? YES NO Does your dog jump/climb fences? YES NO

Is your dog frightened of storms? YES NO Do your dogs need to be separated at meal time? YES NO

Items to pack for my dogs stay at Woodland Kennels:

- Kennel Contract (one per family) ☐
- Pet Profile (one per pet) ☐
- Copies of all current vaccinations ☐
- Food ☐
- Medications ☐

List Belongings / Notes: