

Kennels At Winterpock
14601 Beach Road
Chesterfield VA 23838

NEW CLIENT REGISTRATION

OWNER:

First Name: _____ Middle Initial: _____ Last Name: _____

Spouse Name: _____ E-mail address: _____

Home #: _____ Work/Mobile: _____

SSN or DL#: _____

Address: _____ City: _____ State: _____

Emergency Contact: _____

Whom may we thank for referring you? Phone book _____ Internet _____ Mailing _____
Door to Door _____ Friend/neighbor _____ Other _____

PET INFORMATION

Name of Pet: _____ Breed: _____ Sex: _____

Date of Birth: _____ Age: _____ Size: _____

Vaccination Dates: Bordetella or Kennel Cough (annually) _____
Distemper/Parvo (1 year booster then every 3 years) _____
Rabies (1 year booster then every 3 years) _____

Any medical conditions or special instructions: _____

Name of Pet: _____ Breed: _____ Sex: _____

Date of Birth: _____ Age: _____ Size: _____

Vaccination Dates: Bordetella or Kennel Cough (annually) _____
Distemper/Parvo (1 year booster then every 3 years) _____
Rabies (1 year booster then every 3 years) _____

Any medical conditions or special instructions: _____

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Rabies (1 year booster then every 3 years) _____

Any medical conditions or special instructions: _____

I am financially responsible for the pet(s) described above. I agree to pay all fees incurred, including medical expenses, if incurred. I understand that any medical treatment or surgical procedure is attended by some level of risk and it is not possible to guarantee the successful outcome of any such procedure, should it be necessary. I agree to hold harmless Kennels at Winterpock, Inc., their employees and contractors in the event of my pet (s) illness or death.

This agreement shall remain in force indefinitely from this date forward unless I notify Kennels at Winterpock in writing of the contrary.

Signed _____ Date _____

