## Shawnee Kennels

Pet's Name Breed	
Age Sex Spayed/Neutered	
Owners Name	
Owners Name Cell#	
Address	
Veterinarian	
Phone#	
Emergency Contact	
Phone #	
Known Medical/Physical Disabilities:	
Personality Traits:	
Inoculations: Rabies DHLPSP Bordetella	<del></del>
ANY PET WITHOUT PROPER PROOF OF VACCINES WI	LL NOT BE ACCEPTED FOR BOARDING
AT THIS FACILITY	
Thís ís a contract between Shawnee Kennels and the pet own	ner whose signature appears below.
1. I am boarding my dog (s) at Shawnee Kennels. If a	<u> </u>
while dog (s) is boarded here, it would be at my expen	
owners, Phillip Elliott, Bonnie Elliott or Shawnee Ke	nnels at fault. I relinquish any rights for a
lawsuit against the same.	(c) (c/axa alagahad out of the hammal
<ol> <li>Owner agrees to pay the rate in effect on the date pet</li> <li>If pet(s) become ill or if the state of the pet/pet's healt</li> </ol>	
the Kennel, in it's sole discretion, may engage the se	
medicine or give other requisite attention to the pet(s	
the owner.	,
4. Abandoned pet(s) shall be turned over to the animal	control officer.
5. By signing this contract and leaving his/her pet(s) with the Kennel, Owner certifies to the	
accuracy of all information given about said pet(s).	
6. Owner specifically represents that he/she is the sole owner of the pet(s).	
7. Owner specifically represents to Kennel that the pet (	s) has/have not been exposed to any virus
and that pet's/pets' inoculations are current.	
8. Kennel shall exercise reasonable care for the pet(s) ch	
Owner agrees to be solely responsible for any and all	acts or behavior of pet(s) while pet(s) is/are
in the care of the Kennel.	
Owner's Lic # or SS # Date	