Welcome to Colonial Kennels!

We are glad to have the opportunity to care for your pet.
To ensure your pet gets the best care we can offer, please fill out this form completely.

OWNER INFORMATION:

Owner's Name(s): _____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____

How did you hear about us? _____

Owner(s) Phone #'s: (H): (_____) _____ (W): (_____) _____ (C): (_____) _____

Emergency Contact Name: _____ Relation to Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: (H): (_____) _____ (W): (_____) _____ (C): (_____) _____

PET INFORMATION:

Vet: _____ Phone: (_____) _____

Pet's Name: _____ Sex: M ☐ F ☐ Neutered / Spayed Y ☐ N ☐ D.O.B. ___/___/___

Breed: _____ Color: _____ Weight: _____ lbs

Symptoms your pet is demonstrating: **(If checked, please explain!)**

- ☐ *Allergies: _____
- ☐ Medications: _____
- _____
- ☐ Fears: _____
- ☐ Aggression: _____
- ☐ Seizures: _____
- ☐ Appetite Loss
- ☐ Behavioral Changes
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Depression
- ☐ Diarrhea
- ☐ Eye Disorders
- ☐ Gagging
- ☐ Limping
- ☐ Loss of Balance
- ☐ Scooting/ Scratching
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Thirst
- ☐ Urination Increase
- ☐ Vomiting
- ☐ Weakness
- ☐ Other: _____

Prior Surgeries:

Prior Illnesses:

Food Brand: _____

AUTHORIZATION:

I hereby authorize the veterinarian to release all medical records, examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal.

_____ ___/___/___

Owner's Signature Date

I would like to socialize my pet, hereby allowing him/ her to be involved with Colonial Kennels' "playgroups." ☐ Y ☐ N

****Please note -- this business works by appointment only. If unable to arrive at your scheduled time, please call to reschedule!***

Colonial Kennels *3127 S. Church St. Whitehall, PA 18052 (p): 610 – 770 – 8807 (f): 610 – 770 – 7777 (e): kennelscolonial@gmail.com*