

COLONIAL K-9 LLC
30 Big Spring Lane
Stafford, VA 22554
540-657-4597/fax 540-657-4598

BOARDING / DAYCARE
Waiver & Behavior Fact Sheet

Owner's Name: _____ Email: _____

Address: _____

Home#: _____ Work#: _____ Cell#: _____

Dog's Name: _____ Veterinarian: _____

Breed: _____ Color: _____ DOB: _____ Sex: _____

Vaccine Expiration Date: _____ Rabies: _____ Bord: _____ DHPP: _____

Has your dog been Spayed or Neutered: YES NO Dog's Diet: _____ AM/PM

** Medications to be administered & time: _____

Flea protection is required for all dogs. List product used: _____

How does your dog act with strangers? _____

Has your dog bitten anyone? YES NO Has your dog bitten another dog? YES NO

How many times? _____ Under what circumstances? _____

Check those that apply:

<input type="checkbox"/> Bites	<input type="checkbox"/> Mouthing	<input type="checkbox"/> Destructive	<input type="checkbox"/> Barks
<input type="checkbox"/> Play-Biting	<input type="checkbox"/> Teething	<input type="checkbox"/> Fights w/dogs	<input type="checkbox"/> Jumps Up
<input type="checkbox"/> Nipping	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Unruly	<input type="checkbox"/> Shy
<input type="checkbox"/> Piddles	<input type="checkbox"/> Cowers	<input type="checkbox"/> Submissive to humans/dogs (circle)	

Other: _____

RELEASE OF LIABILITY

_____ agrees to release indemnity and hold harmless Colonial K-9 LLC and its agents from any and all injuries to the dog or owner due to participation in the above listed services. The owner will be responsible for all veterinary/medical bills incurred. The owner is responsible for any harm caused by your dog while in the care of Colonial K-9 LLC.

Signature: _____ Date: _____