



"Your Pets home away from home"

20322 Riverside Drive, Newport Beach, CA 92660

Phone: (714) 641-3193 – Fax: (714) 641-3194 – sunrunkennels@att.net

CLIENTS RECORDS

Owners name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____

Work phone: _____ E-mail: _____

Emergency Contact other than you: _____

Referred by: _____

Animal(s) Information:

1. Name: _____ Breed: _____ Color: _____

Sex: _____ Spayed/Neutered? YES NO Date of Birth/Age: _____

Aggressive/Bites: Dogs – People (circle 1 or both) Social? Dogs-People (circle 1 or both)

Special Instructions: _____

2. Name: _____ Breed: _____ Color: _____

Sex: _____ Spayed/Neutered? YES NO Date of Birth/Age: _____

Aggressive/Bites: Dogs – People (circle 1 or both) Social? Dogs – People (circle 1 or both)

Special Instructions: _____

(OVER)

3. Name: _____ Breed: _____ Color: _____

Sex: _____ Spayed/Neutered? **YES NO** Date of Birth/Age: _____

Aggressive/Bites: **Dogs – People** (circle 1 or both) Social? **Dogs-People** (circle 1 or both)

Special Instructions: _____

Any know allergies or problems: _____

Does your dog shred/chew blankets/bedding: YES NO

Has your dog ever bitten a person or dog: YES NO

Okay to post pictures on our facebook page: YES NO

Social Time:

_____ **YES**, please let my dog participate in social time with other dogs

_____ **NO**, my dog cannot be socialized with other dogs

I understand that if I initial above for my pet to socialize with other pets, I assume responsibility for injury/illness that may occur when a group of dogs are playing together.

Veterinary Information:

Hospital Name: _____

Vet's Name: _____

Address: _____

Phone: _____

We ask for 24 hours notice of cancellation

We require 72 hrs. notice of cancellation for all Holiday reservations or you may be charged for 3 days

CHECK OUT TIME IS 3 p.m. – After which another days charge will be added

Signature of owner/Agent _____ **Date:** _____