

NORTH OAK HUNT CLUB
DOG BOARDING WAIVER
OWNER/PET INFORMATION

Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home# _____

Cell# _____ Work# _____

Email Address: _____

Emergency Contact:

Name: _____

City: _____ State: _____

Relationship to Owner: _____

Home# _____ Work# _____

Cellular# _____

Pet Information

Name: _____ Color: _____

Age _____ Breed: _____

Sex: _____ Neutered/Spayed: Y N

Are there any special medications allergies or other special needs concerns for your pet? If so, please list:

Veterinary Information

We use We Care Animal Hospital in Clintonville, if that OK, to take your pet there please sign here:

If you prefer we transport your pet to your vet, fill out information below:

Veterinarian: _____

Phone: _____

City: _____

Dog owner will be responsible for all veterinary fees, plus fee for transporting to vet's office.



I have reviewed the Owner Release Document, I understand the contents of this form and I agree to the terms.

Signature _____

Print Name _____ Date _____