

Client Name: _____

Date: ____/____/20____ AM/PM

No# _____

WELCOME

NAME: _____

BREED: _____

COLOR: _____

COLLAR: _____ ID: _____

DIET: _____ K/F _____ O/F _____ AM _____ NOON _____ PM

FOOD INSTRUCTIONS: _____

MEDICATION: _____ YES _____ NO _____ AM _____ NOON _____ PM

MED. INSTRUCTIONS: _____

PET MENU SERVICES: _____

BATH & NAILS: _____

OUTDATE: _____ AM/PM

Parkview Kennel

2180 Ridge Rd.
South Park, PA 15129
(412)655-9441
Christinelewis25@yahoo.com

FOR the LOVE of DOGS

In Date: ____/____/20____
Out: ____/____/20____
Contract# _____
Daily Rate: _____

Owners Information:

Last Name: _____ First Name: _____

Address: _____

Phone# Home _____ Cell: _____ Business _____

Email: _____

Pets Name: _____ Breed _____ Color _____ Weight _____

Birthdate/Age _____ Smoot Coat _____ Short Coat _____ Long Coat _____ Wire _____ Curly _____ Shaved/Cut _____

Emergency Contact -1st: _____ Hm: _____ Cell: _____

Emergency Contact- 2nd _____ Hm: _____ Cell: _____

Veterinarian: _____ Ph. _____

Diet & Treats

Dog Food Brand: _____ treats ____ AM ____ NOON ____ PM ____ other ____ Allergy ____ No Treats

Feed Instructions: _____ AM _____ NOON _____ PM - Schedule: _____

Medication:

Type of Medication: _____ Prescribed for: _____ Insulin: _____

Dosage: _____ AM _____ Noon _____ PM _____ Other _____

Owners Signature _____ / _____ Date: ____/____/20____
(Signature) (Print)

Owner/Agent of Parkview Kennel: _____ / _____ Date: ____/____/20____
(Signature) (Initial)

Disposable Pet Property: _____ (Owners initials)

Consent to post pet only on Social Media _____ (Owners initial)

VIP/SC/MP/LE/M Disc. _____

Contract# _____

Owners Name: _____

Pet(s) Name: _____

Breed: _____

MEDICAL INFORMATION

Has your pet(s) previously or does your pet(s) presently have any of these conditions?

Please circle condition and explain on lines be.

Seizures
Parvovirus
Kennel Cough
Leptospirosis
Parainfluenza
Lyme disease
Heartworm
Parasites
Giardia or Coccidia

Fleas/Ticks
Arthritis
Allergies
Hot Spots
Blind/Deaf
Chronic Ear Infections
Ear Mites
Stones
Incontinence

Heart condition
Tumors
Wart/Skin ailments
Thyroid
Bloat/Torsion
Cancer

Explanation: _____

INOCULATIONS:

Rabies 1yr-3yr	Date: ____/____/ 20____
Hepatitis	Date: ____/____/ 20____
Leptospirosis	Date: ____/____/ 20____
Adenovirus 2	Date: ____/____/ 20____
Parainfluenza	Date: ____/____/ 20____
Parvovirus	Date: ____/____/ 20____
Coronavirus	Date: ____/____/ 20____
Bordetella (nasal)	Date: ____/____/ 20____
Bordetella (inject)	Date: ____/____/ 20____
Bordetella (oral)	Date: ____/____/ 20____
Canine Influenza (CIV H3N2)	Date: ____/____/ 20____

Parkview Kennel requires that all vaccines be given at least 7 days prior to drop off date.

With over 45 years of experience, we know that dogs going to kennels, shows, pet stores, and vets are at risk of being exposed to different strains of viruses. We would like you to be aware that several strains are implicated with kennel cough. In order to reduce risk to your pet(s), Parkview Kennel has an updated HEPA system installed so we can do our best to help prevent viruses. Please be sure to have a copy of your pet(s) shot records, it is a requirement to board at Parkview Kennel.

Additional Medical Information: _____

CONTRACT# _____

Emergency Animal Hospitals:

OWNERS NAME: _____

VCA Castle Shannon Animal Hospital
3610 Library Rd.
Pittsburgh, PA 15234
412-885-2500
24 hours

PET(S) NAME: _____

BREED: _____

Emergency Vet Care & Trauma Services
2870 Washington Rd.
McMurray, PA 15317
724-717-2273
24 hours

AVETS
4224 Northern Pike
Monroeville, Pa 15146
412-373-4200
24 hours

PVSEC
807 Camp Horne Rd.
Pittsburgh, Pa 15237
412-366-3400
24 hours

The above emergency animal hospitals are available 24/7. If there is an emergency hospital you prefer, please let us know.

Owners Emergency Hospital: _____

Address: _____

Phone Number: _____ Fax: _____

Email: _____

Has your Pet(s) had emergency treatment in the past? ____ Yes ____ NO

Please Explain: _____

MEDICATION SHEET:
(List all meds below)

Contract# _____
Owners Name: _____
Pet's Name: _____
Breed: _____

Medication List:

Medication Name: _____ Oral _____ Ointment _____ Other _____

Prescribed For: _____

Dosage & Schedule: _____ AM _____ Noon _____ PM

Prescription Count: _____ Pills _____ Ounces _____ as Needed

Medication Name: _____ Oral _____ Ointment _____ Other _____

Prescribed For: _____

Dosage & Schedule: _____ AM _____ Noon _____ PM

Prescription Count: _____ Pills _____ Ounces _____ as Needed

Medication Name: _____ Oral _____ Ointment _____ Other _____

Prescribed For: _____

Dosage & Schedule: _____ AM _____ NOON _____ PM

Prescription Count: _____ Pills _____ Ounces _____ as Needed

A fee of three dollars, \$3.00 per day to administer medication is required. Canine Companions and Canine Counselors are capable of giving Insulin to dogs and cats. The fee is Four Dollars, \$4.00 per day.

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christinelewis25@yahoo.com

Client# _____
Owners Name: _____
Pet(s) Name: _____
Contract# _____

AUTHORIZATION to RELEASE VETERINARY RECORDS

Please email Parkview Kennel the records below at your earliest convenience. Thank you for your consideration, Christine Lewis, owner Parkview Kennel. (412) 655-9441

ATTENTION: _____

EMAIL: _____

Pet Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Pet Information:

Pet(s) Name: _____ Breed: _____ Color: _____

Pet(s) Name: _____ Breed: _____ Color: _____

Please include the following:

_____ Surgery Report _____ Entire Medical Report _____ Exam Report
_____ Radiology Report _____ Biopsy Reports _____ Lab Report

I hereby certify that I am owner or authorized agent of the pet(s) in the above information. Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet(s) to Parkview Kennels. I release the veterinarian hospital and staff from any liability for the release of information. This authorization expires 1 year from the signature dated below. In the event of emergency with my pet(s), I hereby release any and all information to Christine Lewis, owner of Parkview Kennel.
Pet Owner /Agent Initials: _____

Pet Owner/Agent
Signature: _____ Date: ____/____/20____

Please Print: _____ Date: ____/____/20____

Contract# _____

Owners Name: _____

Pet(s) Name: _____

Breed: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____

Address: _____

Home phone: _____ cell: _____ Business: _____

Emergency Contact Name: _____

Address: _____

Home phone: _____ cell: _____ Business: _____

As owner of a full service boarding facility for over 45yrs. I know that occasionally emergencies may happen. In the event an emergency occurs, the above person(s) will be contacted and your pet will be removed to a qualified Animal Hospital. At this time your emergency contact, Veterinarian and Parkview Kennel will need to know the amount available for your pet(s) medical emergency. Also, in the case of senior pets or chronically ill pets your Veterinarian, Parkview Kennel, and emergency contact will need a written statement or letter confirming your final wishes for your pet(s). Parkview Kennel will not be responsible for any and all veterinarian fees.

VETERINARIAN INFORMATION;

Veterinarian Hospital Name: _____

Address: _____

Phone: _____ Cell: _____

Owner/Agent of Pet(s): _____ / _____ Date ____ / ____ /20____

Print

Signature

Parkview Kennel Owner/Agent: _____ / _____ Date ____ / ____ /20____

Signature

Initial

Owners Name: _____

Pet(s) Name: _____

Breed: _____

CANINE QUESTIONNAIRE:

Is this your first visit to Parkview Kennels? _____Y _____N Referred by: _____

Is this your pets first time in a kennel facility? _____Y _____N

Was the last boarding experience positive for your pet? _____Y _____N

Has your pet been in contact or exposed to any contagious illness in the past 30 days? _____Y _____N

When was the last time your pet went to the vet, pet store, Dog Park, training class or daycare?
_____ Days _____ Weeks _____ Months _____ Years Location _____

Is your pet obedience, conformation, protection or therapy dog trained? _____ Y _____ N

Did you rescue you pet? _____ Y _____ N Adoption age: _____

Is your pet crate trained? _____ Y _____ N How long is your pet crated for each day? _____

Has your pet shown any symptoms of being ill in the last 30 days? _____

Is your pet dog friendly? _____ Y _____ N People friendly? _____

Is your pet aggressive? _____ Y _____ N does your pet have any reported bites? _____ Y _____ N

Does pet have any previous incidents with other canines? _____ Y _____ N

Do you mix left over food in your pets bowl or feed your pet table food? _____ Y _____ N

Is your pet Fearful ____ Shy ____ Anxious ____ Playful ____ Dominant ____ Submissive ____ Other _____

Does your pet(s) chew on bedding or blankets? _____ Y _____ N Has your pet(s) ever hospitalized for an obstruction due to ingesting foreign objects?

Explain: _____

Please write more information about your pet below:

PARKVIEW KENNEL PET MENU

Please initial and date the service(s) you like your pet(s) to receive. Thank You!

- | | |
|---|-------------------------------------|
| 1) Playtime-Play with 2 to 4 friends off leash in ½ acre fenced in yard. | 30min. \$8.00 |
| Mon____Tues____Wens____Thurs____Fri____Sat____Sun____ | Initial _____ |
| 2) Park-walk-Individual walk with C/C in beautiful South Park. | 45min. \$18.00 |
| Mon____Tues____Wens____Thurs____Fri____Sat____Sun____ | Initial _____ |
| 3) Playtime-Individual off leash playtime with a C/C. | 15min. \$4.00 |
| Mon____Tues____Wens____Thurs____Fri____Sat____Sun____ | Initial _____ |
| 4) Games-Indoor food motivated focus games to keep your pet busy. | 20min. \$6.00 |
| Mon____Tues____Wens____Thurs____Fri____Sat____Sun____ | Initial _____ |
| 5) Pampering-Individual companion time. Great for shy pet(s) | 15min. \$5.00 |
| Mon____Tues____Wens____Thurs____Fri____Sat____Sun____ | Initial _____ |
| 6) Treats-Choose from stuffed Kongs, Greenies or frozen Chicken Cup. | \$1.00 - \$8.00 |
| | Initial _____ |
| 7) Training-Private obedience lessons, board & train programs.
Reinforcement training available while boarding | More info available |

[C/C = Canine Companion](#)

BATHS, GROOMING AND TRAINING PROGRAMS ARE AVAILABE. PLEASE ASK OUR CANINE COUNSELOR FOR INFORMATION AND PRICES ON THESE SERVICES.

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Contract# _____
Owners Name: _____
Pet(s) Name: _____
Breed: _____

Parkview Kennels Terms and Conditions

Welcome pet owners to Parkview Kennel. We truly appreciate your choice in kennel care for your special pet, it is truly a privilege. Your future visits to Parkview Kennel for boarding, training, grooming, daycare and trial visits will be valid for one (1) year of the signed and dated terms and conditions of this contract, by the owner of pet(s) visiting, unless owner of pet(s) or Parkview Kennel state otherwise.

INNOCULATIONS- All pets visiting P/K must have updated vaccines and verification is required from your veterinarian. No exceptions. We require Rabies vaccine 1yr or 3yr. We also require DA2PPV combination, which is Distemper, Adenovirus type 2, Parainfluenza, Parvovirus, and normally given separate is Leptospirosis vaccine. The Bordetella (preferably the intranasal) is also a requirement. Pet(s) that visit often should consider the Bordetella every 6months. Please confirm with your vet. Also CIV (H3N2) Canine Influenza virus H3N2 is strongly recommended. Please check with your veterinarian to get more information. Heartworm monthly medication is required for pets exercising in the grass or gravel areas. Flea and Tick products are not required, however we feel at Parkview Kennel that protection against fleas and ticks for pets is an excellent idea especially when exercising in the play areas and going on park walks. P/K will accept the 3yr vaccines, provided your veterinarian agrees. Please bring a copy of required shots to P/K on your arrival date.

ALL VACCINES MUST BE GIVEN AT LEAST 7 DAYS PRIOR TO BOARDING. Initial ____

1.) EXPENSES-I agree to pay all pet expenses for services rendered for my pet at Parkview Kennel before the release of my pet from P/K, including any additional fees that may have incurred from my pet(s) visit to Parkview Kennel. Pricing for my pet(s) is according to weight as well as what size penny pet will reside while visiting at Parkview Kennel. The agreed upon daily charge is \$____.00 Initial ____

2.) MONTHLY BOARDING- Pet(s) boarding a minimum of 30 days must pay in advance for the month. Parkview Kennel does offer monthly boarding rates for pet(s) visiting 30 days and longer. Ask your attendant for additional information. Initial ____

3.) CHARGES- A three day minimum charge applies to all clients from May 1st thru September 30th also only one (1) discount per client per visit. A two day minimum charge applies to all clients from October 1st thru April 30th; also clients may use a total of two (2) discounts per visit. Charge begins the day you drop your pet off regardless if it is in the AM or PM hours. On the outgoing date if you pick up your pet(s) before noon Monday thru Saturday between 9am and 12 noon there is no charge for that day. If you pick up your Pet(s) in the evening between 6pm and 8pm there is a full day charge. Sunday is always a full day charge; we do not have morning hours. Sunday we are open in the evening from 6pm until 8pm. We are closed all holidays. Off hour pick up or drop is an additional \$15.00 fee per hour. Off hour pick up or drop off on holidays is a full day charge plus a \$35.00 dollar fee. Appointments are necessary for this service. Kennel hours are 9am to 12noon Monday thru Saturday and 6pm to 8pm Monday thru Sunday. Initial ____

a) EMERGENCY- My emergency contact will be my designated agent while my pet(s) are at P/K. My agent will also be at least 18yrs of age, and will be able to provide payment for any and all medical expenses if necessary. My agent will available at all times in case of an emergency. Initial ____

b) ABANDONMENT- I understand pet(s) not picked up within 7 days of scheduled outdate without written notification will be considered abandoned and placement will be at the discretion of

Parkview Kennel. We will attempt to contact you by phone or in writing using the information you have provided. P/K will deem your pet(s) abandoned and will continue to charge kennel fees and will also continue to follow thru with legal action. Owner will liable for all fees accrued at Parkview and also any legal expenses. Initial _____

c) COLLARS- I understand that all chain collars, pet clothing, prong collars, nylon choke collars, and harnesses must be removed safety is a priority at Parkview Kennel. We suggests that you as owner, wear a buckle collar on your pet(s) along with an identification tag with your pet(s) names your address and phone number. Initial _____

d) BATH-Parkview Kennel offers baths to all canine visitors. P/K strongly recommends that your pet(s) have a bath with our experienced, professional groomer. I agree that P/K may bath my pet(s) if he/she soils himself or herself while visiting at P/K. I also agree to pay additional fee for the bath upon pick up with or without notice to myself or my agent. Initial _____

e) DAMAGE- Should my pet damage or destroy any fencing, gates, panels, doors or cables. I agree to pay this fee upon departure to Parkview kennel including replacement, and repair fees along with the cost of Labor. Initial _____

f) AGGRESSIVE- I am liable for any and all aggressive behavior that I did not disclose to Parkview Kennel. Should my pet bite the owner, trainer, groomer, employees, or volunteers while at Parkview Kennel I will pay all medical expenses. Initial _____

g) BITES- I agree that should my pet(s) bite or hurt another pet while exercising or playing be it accidental, or Aggressive, I agree to pay all veterinarian expenses for the other pet and my own pet if necessary. Parkview Kennel - Will not be responsible for any pet(s) getting injured during playtime, walks, boarding or injury in the Pen area or outside concrete run. Initial _____

h) REFUSAL- Parkview Kennel may refuse any pet(s) at the time of check in for reasons such as illness, injury or lack of shots or shot records. Initial _____

i) LOSS OF PET(S) I understand that P/K, owner, trainer, employees and volunteers will not be responsible for loss of my pet due to digging, climbing or chewing of fenced in areas. Initial _____

j) ILLNESS- I agree that I will not hold Parkview Kennel responsible for illness due to disease, contamination, or exposure to other pet(s) that may be ill or sick. Initial _____

k) ALLERGIES- I agree that Parkview Kennel will not be held liable for any allergic reaction my pet may have including food, treat and medication allergies. Initial _____

l) LOSS- I agree not to hold Parkview Kennel responsible for theft, fire, death, illness due to disease or loss of pet due to running Initial _____

m) ARRIVAL/DEPARTURE-All pets must arrive on leash when checking in to Parkview Kennel full service facility. Your Canine Companion will use his or her own leash to escort your pet(s) to their pen area. All Canine Companions are to give owners of pet(s) their leash in the office area. Please be sure to bring your leash on departure so you may walk your pet to your vehicle on leash. This is also a safety precaution, not all canines boarding at Parkview Kennel are pet friendly. I agree to use a leash each time I bring my pet(s) to Parkview Kennel. I also agree that I am responsible to get my pet into the security area and keep my pet(s) leashed until a canine companion takes my pet with their own leash. Initial _____

Parkview Kennel will not be responsible for personal pet property. Please supply only disposable property for your while visiting at Parkview Kennel.

You agree this information is accurate to the best of your knowledge and you agree that Parkview Kennel has the right to exercise our best judgement in caring for your pet, while visiting at our facility.

Initial _____

This agreement is binding between owner/agent of said pet(s) with P/K and no oral agreement is acceptable between owner of pet(s) and Parkview Kennel.

Owner/Agent of Pet(s) _____ (print) Date: _____/_____/20____

Owner/Agent of Pet(s) _____ (signature) Date: _____/_____/20____

Parkview Kennel Owner/Agent: _____ (signature) Date: _____/_____/20____

P/K=Parkview Kennel
C/C=Canine Companion