

Flatlands Kennels Boarding & Training

Whitney Weston

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Returning Client Form

Dog

Name(s): _____

Drop Off Date _____

Pick Up Date _____

Services Requested INHOME BOARDING _____

 KENNEL BOARDING _____

 BOARD AND TRAIN _____

 NAIL TRIM _____

Has there been any change in feeding schedule? Please
list _____

Any new medications, behaviors, allergies etc?
List _____

Contact number _____

Emergency Contact _____

Do you agree to the full Flatlands Kennels Boarding & Training contract which you signed originally when beginning boarding with us?

YES NO

Pet Owner

Sign _____ Date _____

Kennel Rep

Sign _____ Date _____