

**Driftway Animal Hospital  
KENNEL REGISTRATION FORM**

Date \_\_\_\_\_

Name of owner \_\_\_\_\_

Driver's license # \_\_\_\_\_

Spouse: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

In case of **EMERGENCY** call \_\_\_\_\_

The Kennel will not be responsible for any loss or destruction of personal items left in our care.

Reasonable precaution will be taken against injury, escape or death of your pet. We will not be held liable for problems that develop provided that reasonable care and precautions are provided.

All boarded animals must be current on vaccines and free of internal and external parasites.

Any problem that develops with your pet will be treated as deemed best by the veterinarians on staff.

I understand the above statements, and I will assume full responsibility for ant treatment expenses involved.

Signature of owner \_\_\_\_\_

Signature of person presenting pet other than owner \_\_\_\_\_

**PAYMENT IS DUE WHEN YOU PICK UP YOUR PET**  
**We accept cash, checks, MasterCard, Visa, Amex, Discover, Care Credit**