K4 Kennels

12734 440th Ave.
Blue Earth, MN 56013
Phone: (507) 383-1004
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Website: www.k4kennels.com

APPLICATION FORM

Owner Information

- Name(s): _____
- Address: _____
  City _____ State _____ Zip _____
- Phone: (_____) _____ (home/work/cell)
- Email: _____

Emergency Contact – Must be available to take your dog(s) in case of emergency or incompatibility with K4 Kennels operation

- Name: _____
- Address: _____
  City _____ State _____ Zip _____
- Phone: (_____) _____ (home/work/cell)

Veterinarian

- Name: _____
- Phone: (_____) _____
- Address: _____
  City _____ State _____ Zip _____

Pet Information

- Name: _____
- Sex: M / F Spayed/Neutered: Y / N

- Age: _____ Birthday: _____ **Breed:** _____
- Feeding Routine: _____
- May your dog have treats? Y / N

Behavior & Health

- Does your dog fear or dislike certain people? Y / N
  If yes, explain: _____
- Has your dog ever bitten a person? Y / N
- Has your dog ever fought or bitten another dog? Y / N
- Has your dog ever escaped or tried to escape (digging/jumping/climbing)? Y / N
- Is your dog afraid of specific situations? Y / N
  If yes, explain: _____
- Is your dog destructive to kennels, fences, or other objects within their reach? Y/N

  If Yes, explain_____
- Any known health concerns? Y / N
  Details: _____
- Any activity restrictions? Y / N
  Details: _____
- Is your dog currently on medication? Y / N
  Details: _____
- Allergies? Y / N
  Details: _____
- Flea/tick prevention? Y / N
  Brand: _____ ***Type:*** _____ Frequency: _____
- Anything else we should know about your dog:
  _____

PET CARE AGREEMENT

Owner Information

- Name(s): _____
- Dog's Name: _____

Agreement Terms

1. I confirm my dog is in good health and has not shown aggression toward people or other dogs.
2. I release **K4 Kennels**, its staff, and volunteers from liability for injuries to my dog, myself, or my property during services.
3. I accept full responsibility for any behavioral or medical issues that arise and agree to cover related expenses.
4. I understand the risks of group play and accept them, acknowledging minor scratches or nicks may occur. Staff will inform me of any injuries at pickup.
5. I consent to **K4 Kennels** photographing or using images of my pet for promotional purposes.
6. I am financially responsible for any harm or damage caused by my dog while in care.
7. If I fail to pick up my dog on time, I authorize **K4 Kennels** to arrange continued care at my expense. If I abandon my dog, I understand legal action may be taken, and I will be responsible for related costs.
8. **K4 Kennels reserves the right to refuse service to any dog at our sole discretion.** This may include, but is not limited to, refusal based on breed restrictions, health concerns, vaccination status, behavioral issues, or safety considerations for our staff, other animals, and clients. Our priority is to maintain a safe, healthy, and positive environment for all pets and people on our premises.

Signature of Owner: _____ **Date:** _____

Printed Name: _____

MEDICAL RELEASE FORM

This form is required for all pets receiving services at **K4 Kennels**.

The health and safety of your pet is our top priority. While we ask owners to disclose any pre-existing medical conditions, emergencies can occur unexpectedly. If a medical emergency arises, we will immediately transport your pet to the nearest available veterinary clinic capable of handling the situation.

We will notify you once your pet is safely under veterinary care to avoid delays in treatment. Our goal is to ensure your pet receives medical attention as quickly as possible.

Authorization:
I understand that in the event of a medical emergency, **K4 Kennels**, at its sole discretion, may seek immediate veterinary care for my pet at the closest available facility. I accept full financial responsibility for any medical treatment provided.

Signature of Owner: _____ **Date:** _____

Printed Name: _____
