

**NORTHPORT KENNELS**  
8617 N. NEW BRAUNFELS  
SAN ANTONIO, TEXAS 78217  
TEL (210) 822 1425  
FAX (210) 826 3659  
www.northportkennels.com

## PET RELEASE

Owner's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ TDL# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pet Information:

PET(1) NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_

PET(2) NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_ DOB: \_\_\_\_\_

Description (color): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Special Instructions (Medications, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

### Vaccination History (Please enter date shots were given)

Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_

Rabies: (1) \_\_\_/\_\_\_/\_\_\_ (2) \_\_\_/\_\_\_/\_\_\_ Bordatella: (1) \_\_\_/\_\_\_/\_\_\_ (2) \_\_\_/\_\_\_/\_\_\_

DHLPPC: (1) \_\_\_/\_\_\_/\_\_\_ (2) \_\_\_/\_\_\_/\_\_\_ Feline Leukemia: (1) \_\_\_/\_\_\_/\_\_\_ (2) \_\_\_/\_\_\_/\_\_\_

### READ CAREFULLY

Northport Kennels shall not be monetarily responsible in any way for animal/s or their belongings left for board and care. In the event of illness or injury said animal/s will be removed from the kennel to the hospital where owner specifies preferred veterinarian. If no preferred veterinarian is specified or emergency situation requires, said animal/s will be taken to the Kennel's preferred veterinarian. **The owner agrees to assume all charges and fees accrued during hospitalization. Unless noted on this release, no limit will be set for the cost of treatment.**

This release will be effective for this and all future stays. The undersigned owner hereby certifies that he or she has read the foregoing conditions and agrees to these terms.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### HOW DID YOU HERE ABOUT NORTHPORT KENNELS?

Radio advertisement

Yellow pages

Referral