

Care Agreement

Between Hund & Katzen Hotel Birekenhof and Dog's owner:

Full Name: _____ Phone: _____
Home Address: _____ Mobile: _____
Zip Code / City: _____ E-Mail: _____

Dog Information

Name: _____
Born on: _____ Color: _____
Race: _____ Castrated since: _____
Gender: _____ Hormone chip since _____ Valid: 1/2 year 1 year

Vaccinations

Rabies:
Vaccination date: _____ Valid until: _____
Other Vaccinations: _____
Vaccination date: _____ Valid until: _____
Last Deworming on: _____

Emergency Contact Person

Name: _____
Relationship to you: _____
Phone (Home / Mobile): _____
Vetrinarian: _____ Phone: _____

Dog's Insurance

Company: _____ Policy-No.: _____

Any other information for us to know about your dog?

Does your pet get any medications? yes

If yes, which and what for?

How often and when to administer it?