

## **High Halo Kennels Existing/Active Client Form**

Please note, submitting this form does NOT make a reservation. Please call us at 316-794-2203 to ensure a reservation is made for you and your pet.

Indicates required fields				
*If we can't find a file with the name pr	ovided with, we'll give you a call*			
Owner name(s)*		Last Name*		
Mobile Phone*	2nd Owner phone	Email*		
Address*		City	State	Zip Code*
Please list name(s) of pet(s) nee	eding to stay:			
Pet Name*	Pet Name	Pet Name	Pet Name	
Pet Name	Pet Name			
Do you mood to odd a may mat?	V ( 2)			
Do you need to add a new pet?	Yes (see page 2)			
Date request based on availab	ility and operating dates, no	ot guaranteed.* I u	ınderstand	
Requested lodging dates*:	-	Holidays stay	rs require a 72hr	notice reconfirmation
*We are closed for pick up and drop	offs Saturdays, Sundays, and Holidays*	:		
Are they up to date on vaccines	s?* (Rahies FVRCP Disten	nner/Parvo 6-month Rord	letella) v	es No
The mey up to dute on vaccine.	. (Radies, I viter, Disten	iper/i ai vo, o montii bord	iciciia) I	65 110

<u>Please email highhalokennels@cox.net or fax 316-794-3791 this form and a copy of most recent, up-to-date vaccination records\*.</u>

## **New Pet registry:**

Pet Name*	Pet Name*	Pet Name*	Pet Name*
Species*	Species*	Species*	Species*
Breed*	Breed*	Breed*	Breed*
Weight Color*	Weight Color*	Weight Color*	Weight Color*
Sex*	Sex*	Sex*	Sex*
Age* (12 weeks +)			
Vet Clinic*	Vet Clinic*	Vet Clinic*	Vet Clinic*

Any pets staying together? List names: (Max 2 pets together)