

High Halo Kennels New 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 f			
How did you hear about us?*		Referred by:	
Owner name(s)*		Last Name*	
Mobile Phone*	2nd Owner phone	Email*	
Emergency contact	Emergency phone number		
Address*		City	State Zip Code*
If you have more than 4 pe	ets give us a call. 316-794-2203		
Pet Name*	Pet Name*	Pet Name*	Pet Name*
Species*	Species*	Species*	Species*
Breed*	Breed*	Breed*	Breed*
Weight	Weight	Weight	Weight
Color*	Color*	Color*	Color*
Sex*	Sex*	Sex*	Sex*
Age* (12 weeks +)	Age* (12 weeks +)	Age* (12 weeks +)	Age* (12 weeks +)
Vet Clinic*	Vet Clinic*	Vet Clinic*	Vet Clinic*
Date request based on	availability and operating date	es, not guaranteed. I t	understand
Requested lodging date *We are closed for pick up	es*: and drop offs Saturdays, Sundays, and Holi	•	tays require a 72hr notice reconfirmation
	vaccines?* (Rabies, FVRCP, D prescribed medications? Please	•	
Does your pet have any	allergies or health issues? Plea	se describe here:	
Does your dog have rea	activity to/issues with thunderst	orms and/or fireworks?	
Thunderstorms	Fireworks Bot	h	

<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>