

# Hannalore Kennels

15673 County Highway 23  
Unadilla, NY 13849

Cheryl Eighmey, Owner/Operator  
(607) 563-7505  
(607) 563-7525 Fax

**Owners Name** (Please print legibly) \_\_\_\_\_

**Owners Address**

Street: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact other than you: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Pets:**

(1) Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: M F Spayed/neutered: Y N Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

(2) Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: M F Spayed/neutered: Y N Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

(3) Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: M F Spayed/neutered: Y N Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

(4) Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: M F Spayed/neutered: Y N Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

(5) Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: M F Spayed/neutered: Y N Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

I, (please print name legibly) \_\_\_\_\_, owner of above pet(s), have been given a **Consent to Services** form, have read the website, and/or have been given verbal information about the services provided by Hannalore Kennels to include, boarding, grooming, doggy daycare and training. I am clear to the boundaries and nature of all services provided, and I understand my responsibilities regarding this contract and Hannalore Kennels policies. I agree to pay in full any and all damages caused by my pet(s) to any other pets, Hannalore staff, other pets, as well as any charges incurred by my pet for veterinary services while my pet(s) are in Hannalore Kennels' care at the time of pick up. I will not hold Hannalore Kennels or their staff liable for the loss of, injury to, or death of my pet(s) due diligence and care having been provided. By signing, I agree for this visit and all subsequent visits.

\_\_\_\_\_  
Signature of pet owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Hannalore Kennel Staff

\_\_\_\_\_  
Date