

**Hedgerow Kennel
268 Athol Richmond Rd.
Royalston, MA 01368-8905
Tel. (978)249-7115**

Kennel Registration Sheet

Owner: _____
Street: _____
City: _____ **State :** _____ **Zip:** _____
Telephone: _____

Dog's Name: _____ **Breed:** _____
Dog's Age: _____ **Sex:** _____
Neutered or Spayed: Yes _____ No _____

Does Dog have any physical Limitations: Yes _____ No _____
If (Yes) , Please indicate the Limitation and how we should limit dog's activities

Current Veterinarian: _____

Emergency Phone(s): _____

Health Records Supplied Yes _____ No _____

Vaccination	Expiration Date	Food: _____
Rabies Booster	_____	Feeding Time: _____ am _____ pm
DHLP-Parvo	_____	Amount per Feeding: _____
Bordetella	_____	

Heart Worm Type of Preventative: _____ Date Due:: _____

Vitamins , Medications or Food Supplements

Type:	Date Due	Time to Administer
_____	_____	_____ am _____ pm
_____	_____	_____ am _____ pm

Owner's Signature: _____ **Date:** _____

Scheduled Pick up Date: _____ **Approximate Pick-up Time:** _____