HIDDEN PAWS RANCH Dog Boarding and Daycare 492 Heartwood Lane Broken Bow, OK 74728 Owner's Name:	Boarding Contract Owner and Pet Information					
	State:					
Cell Phone:	Emergency Contact and Phone #					
Email: (This is how yo	u will receive your reservation and receipts)					
Name Of Dog 1:						
	[] Male [] Neutered or [] Female [] Spayed					
Color:	Age:(Please give Month and Year)					
Name Of Dog 2:						
	[] Male [] Neutered or [] Female [] Spayed					
Color:	Age:(Please give Month and Year)					
food: Initial: I agree th agree to disclose any spec	Please describe any medical or physical condition at I have disclosed to Hidden Paws Ranch any medical prob ial dietary needs or medications my dog(s) may require if ne (s) have medical condition(s) and/or is/are senior(s) that bo even lead to death.	lems or allergies that my dog may have. I further ecessary during boarding at Hidden Paws Ranch. I				
Initial: My d	og is current on Vaccines: Rabies, Distemper and B	ordetella				
<mark>YES or NO</mark> -Iwould	like for my dog to participate in play group while h	e/she is staying at Hidden Paws Ranch				
	rstand that Hidden Paws has the right to remove n ey are not enjoying being in the group.	ny dog from play group if they feel he/she is				
experiences a medical	erstand I will be notified of any medical problems o emergency I give my permission to Hidden Paws F ney are unable to reach me or my emergency conta	Ranch Staff to take my dog to the nearest				
Initial: I unde gets sick or injured du	rstand that Hidden Paws Ranch is not responsible f ring their stay.	for any Veterinary costs for my dog if he/she				
Initial: I agree advertising Purposes.	e for Hidden Paws Ranch to take pictures of my dog	g and use them for social media and				
Initial: I unders	stand that if I have more than one pet boarding, th	at they will stay in separate kennels.				

Si	gn	at	u	re	: