

**Application for training/boarding at Zion Kennels 573 CR 3380 Ladonia, TX 75449.
Owner Eddie Noga.**

Name: _____ Spouse/Agent: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Other: _____
Email: _____

Dog 1 Name: _____ Breed: _____ Sex: Male Female Altered
Age/D.O.B.: _____ Color: _____ Reg#: _____
Dog 2 Name: _____ Breed: _____ Sex: Male Female Altered
Age/D.O.B.: _____ Color: _____ Reg#: _____

Credit Card for veterinary emergencies or bill payment.

Card Number: _____ Exp: _____ Ref# _____ Visa MC Discover AmEx

Check any or all that apply:

☐ Boarding ☐ Basic Obedience ☐ Advanced Obedience ☐ Basic Hunting ☐ Advanced Hunting/ Hunt Tests

Payment Method

All bills will be emailed or texted to you for review and payment. If you have questions please call Eddie.

PayPal



We do everything within our power to take the very best care possible of each dog in our charge. However, accidents, injury and illnesses may happen. We will notify the owner as soon as possible should injury, accident or illness occur.

I, the undersigned owner (client) hereby make application for the purpose of entering the above named and described dog for training/ boarding. I realize accidents, injury, and illness occur, and hold the owners, volunteers, employees and/or agents harmless in such an event. I further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death or otherwise, and from claim for damage or injury to the dog, whether such loss, disappearance, theft, damage or injury be caused or alleged to be caused by the negligence of the parties aforementioned, or by the negligence of any other person or any other cause or causes. Further, in case of accidents, injuries, illnesses, I hereby give Zion Kennels permission to either treat a minor case at the kennel or take it to a veterinary clinic if they feel it is necessary. In any case, I will be responsible for any veterinary charges due to services and/or medications. I understand and agree to have my credit card charged for before mentioned services and or medications at the time the services and or medications are given and or prescribed. I promise to pay subject to and in accordance with the use of such card. I certify that all the above information is accurate and true and I am over the age of 18. If I am delinquent on payment for more than three months, I will hand over ownership and registration papers to Zion Kennels of dog/dogs listed above. I understand that my dog will be allowed to interact with other clients dogs. I also understand that Zion Kennels may use for publicity or promotional purposes, my name and pictures of me or my dog without liability or obligation to me.

I have read, understand, and agree to the above.

Signature: _____ Date: _____