



Wolf Den Labrador Retrievers

Gary and Colette Wolfe Dickmeyer
5160 Lower Peterson Rd.
Duluth, MN 55804
218-340-1977 / 606-0533
Wolfedenretrievers@gmail.com

Dog Training Information and agreement sheet

Date of drop _____ Time _____

Est. pick up date and time _____

total days _____ x \$ _____ x 8.9% sales tax _____

Client name/s: _____

Phone
number/s: _____ Email _____

Address: _____

Dog name/s: _____

Veterinarian name: _____

Location: _____ **phone:** _____

Any special feeding needs? _____

Miscellaneous information: _____

Date of Last vaccinations- (every 1-3 years) **DHPP** (pup series combo shots-3) _____

Rabies _____ **Bordetella** (kennel cough) _____ **Microchip number** _____

*We authorize Wolf Den Retrievers to seek **emergency treatment** of required on our pet(s) and will be responsible for any costs incurred. I hereby certify that our animal(s) have had been **vaccinated** as indicated. Wolf Den Retrievers will not be held liable for any illness or injury, unto the value of the boarding fees.*

Signed _____ date _____