

Application for training/boarding at Zion Kennels 1812 CR 1410 Bonham, TX 75418.  
Owners Eddie & Heather 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

\_\_\_\_ Basic Hunting

\_\_\_\_ Advanced Hunting/ Hunt Tests

**Payment Method**

- Check / Cash or Online Payment
  - Please mail my statement.
  - Please e-mail my statement.

- Credit Card

I \_\_\_\_\_ hereby authorize Zion Kennels to debit my credit card on file monthly for training / boarding services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt will be e-mailed after payment has been debited.

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. 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: \_\_\_\_\_