



## Agreement

Koirahoitola Tarmonpesä  
Tel 040 487 1475

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Dog owner \_\_\_\_\_

Address \_\_\_\_\_ Post code and city \_\_\_\_\_

Tel \_\_\_\_\_ e-mail \_\_\_\_\_

Contact person \_\_\_\_\_ Tel \_\_\_\_\_

Female, name \_\_\_\_\_ Date of birth \_\_\_\_\_ Last heat \_\_\_\_\_ Sterilize \_\_\_\_\_

Male, name \_\_\_\_\_ Date of birth \_\_\_\_\_ Castrate \_\_\_\_\_

Breed \_\_\_\_\_ Microchip yes \_\_\_ no \_\_\_

**Vaccinations** \_\_\_\_\_ **until**

**We take only vaccinated dogs. Please show us your dog's certification of vaccination.**

### Feeding instructions:

Things that we should know of your pet such as diseases and medications

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Insurance Yes \_\_\_\_\_ Insurance company \_\_\_\_\_ No insurance \_\_\_\_\_

If your dog needs a veterinarian while he/she is in Tarmonpesä, we will send you a message.

Permission to take pictures of your dog. Pictures might be published on social media. Yes \_\_\_\_\_ No \_\_\_\_\_

Owner has read contract and terms.

Date \_\_\_\_\_ / \_\_\_\_\_ 20 \_\_\_\_\_

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Customer/ owner

Animal attendant/ owner of the dog care center