

INSTRUCTIONS:
FILL IN COMPLETELY.

Wolverton Kennel/Breeder Delivery Information

E-MAIL COMPLETED FORM TO: LSUTTON@WOLVERTON-PET.COM

FAX TO: 517-321-8016

NAME:

OWNER:

KENNEL NAME:

KEY CONTACT:
(if not owner)

ADDRESS:

CITY: ST ZIP

PHONE: CELL: EMAIL:

KENNEL INFORMATION

NUMBER OF DOGS: NUMBER OF LITTERS PER YEAR - IF APPLICABLE

BREEDS OF DOGS:

NUMBER OF CATS/DOGS (IF BOARDING KENNEL)

AVERAGE LBS FED PER MONTH DOG FOOD CAT FOOD

CURRENT BRANDS BEING FED:

BRAND YOU ARE INTERESTED: IAMS _____ EUKANUBA _____ PURINA _____ O.N.E. _____
PRO PLAN _____ HERITAGE _____ NATURAL BAL _____ WELLNESS _____

DELIVERY INFORMATION

ARE YOU ABLE TO ACCEPT PRODUCT DELIVERY IN A 53" SEMI? YES NO

DO YOU HAVE AVAILABLE DOCK FORK LIFT PALLET JACKS HAND DOLLY

IS INSIDE DELIVERY REQUIRED? YES NO

IS STORAGE AREA ACCESSIBLE USING A WHEELED HAND DOLLY?

DISTANCE FROM THE UNLOADING SPOT TO STORAGE? FEET PAVED YES NO

COMPOSITION OF ROAD INTO THE KENNEL PAVED GRAVEL SPECIFY OTHER

LENGTH OF PRIVATE ROAD TO KENNEL MILE(S)

ARE YOU IN A RESIDENTIAL AREA OR DO WE HAVE TO TRAVEL THROUGH A RESIDENTIAL AREA? Y N

IS YOUR ROAD GOVERNED BY SEASONAL RESTRICTIONS?

WEIGHT RESTRICTION AMOUNT: SPEED LIMIT RESTRICTION:

BRIDGE CLEARANCE RESTRICTIONS:

WILL WE ENCOUNTER: STEEP UPHILL _____ HANGING BRANCHES OR WIRES _____
BRIDGE WEIGHT RESTRICTIONS _____ SPECIFY OTHER _____
STEEP DOWNHILL _____
*LOW OVERHEAD CLEARANCE _____ MIN REQUIRED 13'6" DESCRIBE IF APPLICABLE

SPECIAL DELIVERY REQUIREMENTS IF YES, SPECIFY

KENNEL BUSINESS HOURS MON TUE WED THUR FRI

PHONE NUMBER: ALTERNATIVE PHONE NUMBER:

CURRENT PAYMENT PROCEDURES: COD

ORDER MINIMUM \$ 300.00 ANNUAL FOOD SALES REQUIREMENT: \$1500

FOR OFFICE USE ONLY

SERVICED BY: LANSING BRUNSWICK LOUISVILLE

ROUTING: DAY TRIP STOP

MISCELLANEOUS

COMMENTS: