

Booking and Consent Form

Owner's details				
Full name:				
Address:				
Home Phone:				Mobile:
e-mail:				
Dog 1 details				
Name:				Male/Female:
Breed:				Markings:
Microchip Number:				
Neutered/Spaye	d			
Date of Last flea treatment:				
Date of last vaccinations:				
Please bring you to stay with us.	vac	cination cards when y	ou drop c	off your dog. All dogs must be fully vaccinated
Medical conditions,				
allergies,				
or medication				
instructions:				
Vets details				
Name:				
Address:		,		
Phone:			Out of H	Hours phone:
Dog's Insurance Company:				Policy No:
Phone Number:				



Dog 2 details						
Name:			Male/F	- emale:		
Breed:			Markin	ngs:		
Microchip Number:						
Neutered/Spayed						
Date of Last flea treatment:						
Date of last vaccinations						
Please bring you vaccination cards when you drop off your dog. All dogs must be fully vaccinated to stay with us.						e fully vaccinated
Medical conditions, allergies or medication instructions:						
		T		Т		T
Dropping Dog off	Date:			Time:		
Collection of Dog	Date:			Time:		
- II I I I						
Feeding Instruction	ns:					
Food brand type:		Amount and times per day:				
Other feeding instructions:						
Command words:	Please list	command words tha	t your do	g is familiar v	vith	
Command words: Please list command words that your dog is familiar with (Sit, Stay, No, Quiet, Wait, Come etc)						
Dogs Character: Pl	ease feel f	ree to comment. If y	ou dog ha	s any foibles	, please	list them below!
Do they like cuddles?		s / No/sometimes	Are they nervous of loud noises?			s / No/sometimes
Are they possessive with food?				happy to ys with other		s / No/sometimes
Are they aggressive with other dogs?	e Ye					s / No/sometimes
Other info:						



Owners local proxy details (Only to be contacted in an emergency)						
OWITETS TOC	an proxy details (only to be contacted in an emergency)					
Full name:						
Address:						
7 10/0/						
Home Phor	e: Mobile:					
e-mail:						
Dog Crates	Does your dog normally use a dog crate at home? Yes / No					
	e describe the crate usage. e.g. Just for sleeping, just for eating, always has access to					
crate throu	ghout the day etc.					
	Please tick the boxes and sign at the bottom. Place an 'x' in boxes that do not apply or					
you do not	I agree that in the case of suspected injury or illness to my dog a Veterinary Surgeon					
	(Vet) may be contacted my dog may be examined, and investigations performed if					
	required (e.g. blood tests, x-rays) and an appropriate course of action will be taken on					
	the advice of the Vet.					
	I understand that where possible any treatments will be undertaken by the dog's ordinary vet, but maybe at the [premises] nominated vet, where that's not possible.					
	I agree to [premises] administering any prescribed treatment the Vet considers					
	advisable. I understand that the veterinary consultation, tests and treatment will be at					
	my own expense.					
	so give consent for euthanasia should this be recommended on humane grounds b Vet caring for my dog.					
	I understand that every effort will be made to get in touch with me or my local proxy					
	to discuss an appropriate course of action for my dog and [premises] will endeavour to					
	keep you (or proxy) updated throughout the process. I agree that if my dog has fleas or worms then [premises] will take the dog to the Vet					
	to arrange an appropriate treatment and charge the vets bill to me.					
	I consent to many dear resisting with deep from other beyond and whilst beganding at					
	I consent to my dog mixing with dogs from other households whilst boarding at [premises].					
	(h. ee.)					
	I consent to my dog(s) being fed with (at the same time and place) dogs from other					
	households.					
	I consent for my dog(s) to be walked outside of the home environment or garden					
	I consent for my dog to be let off a lead outside of the home environment					
	I consent to my dog(s) being walked within a group of dogs from other households (never exceeds 6 dogs)					



	(Only for customers boarding more than one dog)					
	I consent to my dogs being kept together.					
	(Only tick if your dog normally uses/sleeps in a crate)					
	I consent to	my dog being kept in a crate as part of its normal routine.				
Name (Prin	t):					
Signature:						
Date:						