

KENNELS ADMISSION FORMS

Please could you complete the information and sign. The admission form can be either printed and handed in on your dogs arrival or emailed prior to stay.

OWNERS DETAILS

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

MOBILE NO: _____

EMAIL: _____

EMERGENCY CONTACT

NAME: _____

TELEPHONE NO: _____

DOG DETAILS

NAME: _____

BREED: _____

COLOUR: _____

SEX: _____

D.O.B: _____

MICROCHIP NO: _____

NEUTERED: _____

VET NAME: _____

VET TELEPHONE NO: _____

VET ADDRESS: _____

HEALTH

DATE OF VACCINATIONS: _____

DATE OF KENNEL COUGH VACCINE: _____

DATE OF LAST FLEA TREATMENT: _____

DATE OF LAST WORMING TREATMENT: _____

DATE LAST TIME IN SEASON (IF APPLICABLE): _____

ANY KNOWN ALLERGIES: _____

DOES YOUR DO HAVE INSURANCE: _____

DO YOU GIVE PERMISSION TO CONTACT YOUR VET IF REQUIRED DURING YOUR PETS STAY: YES/ NO

DOG TEMPERAMENT (LIKES / DISLIKES)

BARKING EXCESSIVELY: YES / NO

DESTRUCTIVE BEHAVIOUR: YES / NO

SEPARATION ANXIETY: YES / NO

AGGRESSION OR NERVOUS AROUND OTHER DOGS: YES / NO

AGGRESSION OR NERVOUS AROUND PEOPLE: YES / NO

RECALL WHEN OUT WALKING: YES / NO

DO YOU GIVE PERMISSION FOR YOUR DOG TO BE WALKED OFF LEAD IN OUR SECURE GRASS RUNS: YES / NO

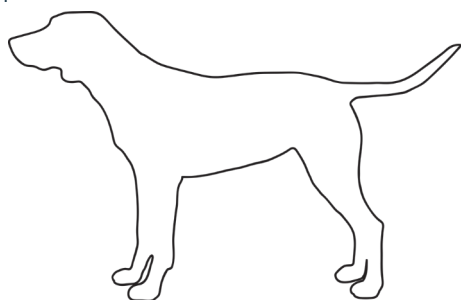
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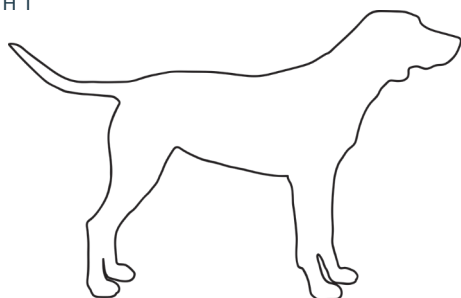
PET MARKINGS

PLEASE MARK ANY ABNORMALITIES, LUMPS OR SKIN CONDITIONS

LEFT



RIGHT



HEALTH ISSUES

HAS YOUR PET HAD A BAD STOMACH OR BEEN SICK IN THE LAST 4 WEEKS? YES / NO

PLEASE GIVE DETAILS OF THEIR ILLNESS:

HAS YOUR DOG VISITED THE VETS IN THE LAST 6 MONTHS? YES / NO
PLEASE GIVE DETAILS:

DOES YOUR DOG HAVE ANY MEDICAL PROBLEMS OR CONDITIONS?:

MEDICATION:

AMOUNT/TIME:

MEALS

WHAT DO YOU FEED YOUR DOG AT HOME:

DOES YOUR DOG SUFFER WITH A SENSITIVE STOMACH: YES / NO

IF YOUR DOG SUFFERS WITH A SENSITIVE STOMACH WE SUGGEST YOU BRING THEIR REGULAR FOOD FOR SHORT STAY SO THEIR DIET IS NOT CHANGED

DURING YOUR PETS STAY WILL YOUR DOG BE EATING: KENNEL FOOD / OWN FOOD

IF BRINGING OWN FOOD, WHAT FOOD ARE YOU SUPPLYING:

PLEASE LABEL FOOD WITH YOUR DOGS NAME AND THE WEIGHT/ AMOUNT TO FEED.

HOW MANY TIMES A DAY?: 1 2 AM PM

WHAT QUANTITY / WEIGHT?:

DOES YOUR DOG HAVE ANY FOOD ALLERGIES?: YES / NO (PLEASE STATE IF YES):

ARE YOU HAPPY FOR US TO GIVE YOUR DOG TREATS?: YES / NO

IF SUPPLYING OWN TREATS PLEASE LABEL WITH DOGS NAME AND HOW MANY TO GIVE DAILY

TERMS AND CONDITIONS

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Opening hours

Monday- Saturday: 8am-10am and 4pm-6pm. Sunday: 8am- midday

Please telephone to make an appointment to view the kennels.

Payment

Payment is due on collection. We currently take cash or cheques. We offer balance transfer but this must to done before collection.

Health and safety of the dog

Please disclose all known medical, health and behavioural issues about your dog including any allergies. If the health or temperament of your dog changes, the kennel staff should be informed so that the care can be tailored to the needs of your dog. If your dogs health causes any concern, the kennel management reserve the right to refuse their admission. If your dog shows any signs of aggressive behaviour the kennel management reserves the right to refuse the right to their admission

Vaccinations

All dogs must be fully vaccinated with annual booster vaccinations and kennel cough. The dogs vaccination certificate must be shown on arrival. We ask that your dog is up-to-date with worm and flea treatment.

Cancellation Charges.

Cancellation up to two weeks in advance 25% of total cost

Cancellation up to one week in advance 75% of total cost

Cancellation less than 48 hrs in advance 100% of total cost

None collection.

Kennel management reserves the right to re-home any animal not collected within 15 days of the stated departure dates.

Illness during stay.

In the unlikely event that your dog becomes ill we aim to contact the dogs owner or emergency contact, we will then endeavour to use your regular vet. There will be a cost to cover time and transport. Owner must accept full responsibility for payment of any veterinary Fees incurred.

By leaving your dog to board with us, you are agreeing our Terms and Conditions.

Sign:

Date: