

Happy Tails Dog Home Boarding

Booking Form

Owners Name TitleFirst Name.....Surname

Address:
.....Post Code.....

Contact Telephone 1.
(emergency) 2.

Drop of Date/Time

Collection Date/Time

Name of Dog

Dog Breed

AgeSEX M/F.....

Spayed/Neutered Yes/No.....

Microchipped Yes/No.....

We require that all dogs are up to date with their regular vaccinations, especially Kennel Cough, as this is part of the licensing rules set by the local authority. Proof of vaccinations will be required

Vaccination Date:

Leptospirosis (Yearly)

Distemper/Hepatitis/Parvovirus/Parainfluenza (every 3 Years)

Kennel Cough (Yearly)

Flea+Wormed

Vets Contact Details NameContact Tel No

Medication Yes/No

If Yes please detail

Owner Name:

Dog's Name:

Brand of Dog Food Supplied:

Feeding times and quantities

Additional Information:

Eg: favourite toy, treats,

Food/toy motivated,

Stressful situations

Do you want your dog allowed off lead in park Yes/No

If Yes please sign "Off Lead Walking Agreement and Waiver Form"

Your dog doesn't have to be insured to stay with Happy Tails, however we suggest that all owners should insure their dogs prior to their visit. If your dog is unwell during their stay with us and requires a visit to the Vet we will use our Vet Practice "Pets'n'Vets" unless otherwise indicated by yourselves.

Is your Dog Insured Yes/No

Insurers Contact Details

Your Vet Practice Name Contact No

DECLARATION

I agree to my dog(s) mixing with dogs from other households staying at Happy Tails Dog Home Boarding and while out on walks.

I understand that due to the way that dogs interact with one another, minor cuts and scratches can occur even though the dogs are carefully supervised at all times.

While my dog(s) is/are in the care and custody of Happy Tails Dog Home Boarding, if I am unreachable in the event of an emergency, I hereby authorize Happy Tails Dog Home Boarding, its agents, and/or representatives to seek immediate veterinary care for my dog. I understand that all costs in connection with, veterinary, medical or other treatment, shall be my responsibility.

I have read and agree to all of the above

Signed Date