**A purple text with a paw print

Description automatically generated**

**CONSENT FORM**

Whilst your dog is in the care of ***Little Woofers***, there may be occasions where decisions must be made and we are unable to contact yourself or your emergency contact. Please read the below consents and complete prior to any booking.

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| --- | --- |
| **Consents – Please tick the boxes and sign at the bottom. Place an ‘x’ in boxes that do not apply or you do not consent to** | |
|  | I agree that in the case of suspected injury or illness to my dog a Veterinary Surgeon may be contacted and that 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, details provided by you, but maybe at ***Little Woofers*** nominated vet, where that’s not possible. I agree to ***Little Woofers*** administering any prescribed treatment the Vet considers advisable. I understand that the veterinary consultation, tests and treatment will be at my own expense. I also give consent for euthanasia should this be recommended on humane grounds by the Vet caring for my dog. I understand that every effort will be made to get in touch with me or my emergency contact to discuss an appropriate course of action for my dog and ***Little Woofers*** will endeavour to keep you (or emergency contact) updated throughout the process. I agree that if my dog has fleas or worms then ***Little Woofers*** will take the dog to the Vet to arrange an appropriate treatment and charge the vets bill to me. |
|  | I consent to my dog mixing with dogs from other households whilst day-care/boarding at ***Little Woofers***. |
|  | 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 when a secure exercise field is in use. |
|  | I consent to my dog(s) being walked within a group of dogs from other households (never exceeds 6 dogs as per our insurance). |
|  | (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, I will provide said crate and ensure it is in a good state of repair. |
|  | If it is deemed that day-care/boarding can no longer continue due to extremes of temperature or any other emergency, I (or emergency contact) agree to be contacted will be required to collect my dog(s). |
|  | If my dog(s) escapes from the home or on a walk I agree to all local vets contacted along with the dog warden by ***Little Woofers***. And that the use of social media (Pippa’s Army) may be used to assist in locating my dog(s). |

|  |  |
| --- | --- |
| **Name (print)** |  |
| **Signature** |  |
| **Date** |  |