

Furry Friends Pet Care Services

**Information Form: Boarding**

Please take a few minutes to fill out the information below to enable us to keep your pet happy and healthy whilst in our care.

Dog’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Owner’s Details:**Name:Address:Tel:Email Address: |  |
| **Emergency Contact:**Name:Address:Tel:Email Address: |  |
| Will your Emergency Contact be happy to collect your dog in the event of an emergency? | Yes/No |
| Will you Emergency Contact be authorised to make medical decisions in your absence? | Yes/No*If Yes are they named as approved medical decision maker with your vet? Yes/No* |
| **Vet Contact Details:**Name: Address:Tel:Out of Hours Contact No: |  |
| **Dog Information:** |  |
| Breed: | Castrated/Spayed | Yes/No | Male/Female | M/F |
| Microchipped | Yes/ No | Microchip No: | Date last Flea Treated: | Date last wormed: |
| Date Vaccinated:(Please provide an up to date copy of your dog’s vaccination Certificate prior to your dog’s stay with Furry Friends Pet Care) |  |
| Does your dog wear a collar with your contact details on? | Yes/No*(Please note that whilst in our care we will provide your dog with a tag detailing Furry Friend’s Pet Care’s contact details)* |
| **About your dog?** |  |
| On any medication? | Please provide details: |
| Have any Allergies? |  |
| House trained:  | Yes/No |
| Good with Cats: | Yes/No |
| Good with Children | Yes/No |
| Are they a resource guarder i.e food, toys, bed etc? | Yes/No *Please provide details:* |
| Does your dog chew/scratch furniture/Doors | Yes/No |
| Does your dog scent/mark inside the house | Yes/No |
| Has your dog ever shown aggression towards any other dog or person? | Yes/No |
| Is your dog good with other dogs | Yes/No |
| Is your dog trained to walk off Lead | Yes/No |
| Is your dog used to being left for short periods of time | Yes/No |
| Does your dog bark/ howl or fret when left unattended | Yes/No |
| Are you happy for Furry Friends Pet Care to walk your dog off Lead (once settled)? | Yes/NoPlease sign to give consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you happy for your dog to be walked/boarded with other dogs when being cared for by Furry Friends Pet Care | Yes/NoPlease sign to give consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Feeding Requirements:**Please give details of feeding times and amounts: | *(Please supply enough food to cover the duration of your dog’s stay with Furry Friends Pet Care along with any treats which you are happy for your pet to recieve)* |
| Are you happy for Furry Friends Pet Care to put video footage/Photo’s of your dog on our social media sites whilst in our care | Yes/NoPlease sign to give consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you wish us to hold a key for you? | Yes/No |
| I hereby give permission to Furry Friends Pet Care Services to hold a key to my property and by doing so, I am fully indemnifying Furry Friends Pet Care Services and their staff against liability of any kind whatsoever arising from damage or loss of any property. | Please sign to give consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

DECLARATION:

I hereby confirm that I am the owner of the pet named on this form and that I authorise Furry Friends Pet Care Services to act as my pet’s guardian whilst providing the Walking, Home Boarding services.

I authorise Furry Friends Pet Care Services to take any action considered reasonable and appropriate in order to protect my pet and keep it in good physical and mental health, including admission for veterinary treatment or transferring to alternative boarding facilities. I further confirm that I will be responsible for unexpected costs which may be incurred whilst my pet is in the care of Furry Friends Pet Care Services (costs such as but not limited to veterinary care, boarding fees, equipment and property damage).

In the event that my dog is unwell and neither myself or my Emergency Contact cannot be contacted, I give Furry Friends Pet Care Services permission to authorise emergency veterinary treatment on my behalf.

I attest that the information I have provided in this document is an accurate account of my dog’s needs and behaviour. I am aware that if my dog behaves in a manner which is dangerous to a person or another dog in Furry Friends Pet Care Services’ care, I will be contacted immediately and must make alternative boarding arrangements for my dog. I undertake to keep Furry Friends Pet Care Services informed of any changes in my pet’s health, behaviour or medical needs before making each new booking.

Sign:

Print Name:

Date:

Checklist:

|  |  |
| --- | --- |
| Vaccination Certificate received: |  |