SARA LANEY
DOG BOARDING IN WEST BERKSHIRE
LIC: 22425

Booking and Consent

Dog name/s: _____

Booking dates:			
Date of drop off:		Time:	
Date of collection:		Time:	

Owner's details:	
Full name:	
Address:	
Contact number:	
e-mail:	

Meet & Greet	(Only necessary if this is the first stay)
Date:	
Location:	

Emergency contact:	
Full name:	
Address:	
Contact number:	
e-mail:	

Dog 1 details:			
Name:		Male/Female:	
Breed:		Age:	
Markings:			
Microchip No.			
Neutered/Spayed:			
Date of last flea treatment:			
Date of last worm treatment:			
Date of last vaccinations: (Please email or WhatsApp a photo of vaccination record)			
Medical conditions, allergies, or medical instructions			

Dog 2 details:			
Name:		Male/Female:	
Breed:		Age:	
Markings:			
Microchip no.			
Neutered/Spayed:			
Date of last flea treatment:			
Date of last worm treatment:			
Date of last vaccinations: (Please email or WhatsApp photo of vaccination record)			
Medical conditions, allergies, or medical instructions			

Vet & Insurance			
Name of vet:			
Address of vet:			
Telephone of vet:		Out of hours telephone of vet:	
Insurance company:		Insurance phone no.	
Insurance policy number:			

Feeding instructions:			
Food brand /Type:		Amount and times of day:	
Other feeding instructions: (If two dogs from the same household are boarding, please specify if separation is required at feeding times)			

Dog 1 Character:			
Does your dog like affection?		Is your dog nervous of loud noises?	
Is your dog possessive with food?		Is your dog happy to share their toys?	
Is your dog reactive towards other dogs?		Is your dog reactive towards people?	
Should your dog be kept on a lead during a walk?		Does your dog recall well?	
Are you happy for your dog to travel in the car? Does your dog travel well?			
Any other info:			

Dog 2 Character:			
Does your dog like affection?		Is your dog nervous of loud noises?	
Is your dog possessive with food?		Is your dog happy to share their toys?	
Is your dog reactive towards other dogs?		Is your dog reactive towards people?	
Should your dog be kept on a lead during a walk?		Does your dog recall well?	
Are you happy for your dog to travel in the car? Does your dog travel well?			
Any other info:			

Supervision:	
Are you happy for your dog/s to be left alone at Sara's home for a short amount of time?	
If answered "yes" to the above, please state duration.	
Does your dog display any signs of stress if left alone e.g., chewing, barking, etc.	

Exercise routine:	
How often would you like your dog/s walked, and for how long?	

Dog Crates:	
Does your dog normally use a crate at home?	
If yes, please describe crate usage: e.g., just for sleeping, just eating, always has access, etc. Your crate will need to be provided for the duration of the stay.	

Consents: Please tick the boxes that you consent to and sign at the bottom.	
☐	I agree that in the case of suspected injury or illness to my dog/s a Veterinary Surgeon may be contacted, my dog/s 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 possibly at Sara Laney's nominated vet (Goring Veterinary practice), where that is not possible. I agree to Sara Laney 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/s and Sara Laney will endeavour to keep you (or my emergency contact) updated throughout the process. I agree that if my dog/s has fleas or worms then Sara Laney will take the dog/s to the vet to arrange an appropriate treatment and charge the vets bill to me.
☐	I consent for my dog/s to be walked outside of the home environment or garden and use of enrichment both inside and outside including grooming, socialisation and play.
☐	I consent for my dog to be let off a lead outside of the home environment.
☐	(Only for customers boarding more than one dog) I consent to my dogs being kept together in the same room.
☐	I consent to the use of my crate, and this is part of my dog's usual routine. (Please note that it is a requirement that crate doors must not be shut for more than 3 hours in a 24-hour period, and will therefore be left open overnight)
Name (Print):	
Signature:	
Date:	