**Preventative Healthcare Plan: Dog Boarding**

**Note:** The business operator should fill out as many details as they can. The form and your operating procedures should then be presented to the vet your business is registered/registering with. The Vet should then review the form along with your operating procedures and complete the relevant fields.

**Business Details**

|  |  |
| --- | --- |
| **Business Name** | The Cav Club |
| **Operators Name** | Emma Audsley-Jones |
| **Address of the premise to be licensed** | 3 Hemmings PlaceWinsfordCW7 3RZ |

**Veterinary Practice**

The veterinary practice detailed below is the practice my business is registered with for the duration of my license unless otherwise agreed with the dog’s owners.

|  |  |
| --- | --- |
| **Name of Registered Veterinary Practice** | The Willows Veterinary Group |
| **Contact details** | 01606 723202 |
| **Out of Hours Contact Details** | 01606 723202 |
| **Address** | 267 Chester RoadHartfordNorthwichCW8 1LP |

**Isolation Procedure**

|  |  |
| --- | --- |
| **Briefly describe the isolation procedure in the event of needing to isolate a sick/injured dog.***\*If isolation facilities are to be provided by the vets, the vet needs to sign and stamp this section to confirm this agreement.* | No animal suffering from, or suspected to be suffering from, any infectious or contagious disease can be accepted. The Cav Club will refuse admission to any animal showing signs of ill health pending advice from a vet. Daily observations are made to check if any dogs are showing signs of illness. Should an animal in our care show signs of suffering from an infectious or contagious disease they will be isolated in a crate in a separate area at The Cav Club where the dog will be kept as comfortable as possible and advice will be sought from a vet. The owner will be contacted and if necessary the dog will be immediately transferred to our Vet (The Willows) who will provide isolation facilities. The dog will be treated according to the agreements in the consent form. The home and vehicles are cleaned according to the cleaning regime. |

**Storage of Carcass**

|  |  |
| --- | --- |
| **If the vets can provide storage of carcass facilities as outlined within your death policy, please get the vet to confirm the agreement by stamping and signing the adjacent box.** |  |

**Vaccinations**

All mandatory vaccination courses must be completed at least 2 weeks before a dog will be accepted into boarding.

|  |  |
| --- | --- |
| **Mandatory vaccinations as required by statutory guidance to stay on premises:**  | **Other vaccinations required by vet not listed:**  |
| Canine parvovirus |  |
| Canine distemper |  |
| Infectious canine hepatitis (adenovirus) |  |
| Leptospirosis  |  |
| Comments:  |

**Health and Welfare**

|  |  |
| --- | --- |
| **Briefly detail daily monitoring procedures for any signs of pain, suffering, injury, disease or abnormal behaviour** | Dogs will be physically checked over every day. Their coat, skin, ears, eyes and mouth will be checked and paws inspected after every walk. In the winter months paws will be rinsed off in the back garden with the hose after muddy walks and in summer months and we will assess cold temperatures before setting off out on walks, we will also check surfaces for heat in the summer months and adapt walks to the cooler parts of the day. Dog food intake and general demeanour will be assessed at least once a day and continuously. Dogs that are showing signs of stress will be given re-assurance, strokes, cuddles or their own space and time in the garden if they require it.  |
| **Method used to record abnormalities and daily notes** | Daily Record Sheet |

**Veterinary Treatment**

\**Please circle the appropriate answer*

|  |  |
| --- | --- |
| **Are details of the dog’s usual vet obtained from the owner prior to boarding?** | Yes |
| **Does the owner give consent for decisions to be made by the person named on the license regarding veterinary treatment in the event the owner is unable to be contacted?** | Yes |
| **Is there an agreement in place with the veterinary surgery regarding payment of veterinary fees for boarded dogs?** | Not as yet. Fees will be paid at the visit. |

**Operator Sign Off (person to be named on the licence)**

By signing this I agree…

* That the information provided to the vet is accurate and that I intend to run my business as outlined within the provided operating procedures and policies.
* That all prescribed medicines will be stored safely and securely to safeguard against unauthorised access, at the correct temperature, and used in accordance with the instructions of the vet.
* That owners sign and agree to veterinary treatment being sought if necessary.
* That all treatments will have been consented by the cat’s owner/s unless in an emergency.
* That a valid insurance policy covering all boarded dog’s is in place.
* To contact the vet for all events listed below:
	+ If I have any concern about a dog’s diet
	+ If a dog hasn’t eaten for more than 24 hours
	+ If a dog is displaying significant weight loss or gain
	+ If a dog is displaying abnormal drinking patterns
	+ If a dogs behaviour changes
	+ If a dog has external parasites
	+ If a dog becomes sick or injured
	+ If a dog needs euthanising
	+ If a dog has passed away
	+ If advice is needed after noticing any signs of pain, suffering, injury, disease or abnormal behaviour.
	+ If advice is needed on the suitably of an animal for breeding

|  |  |
| --- | --- |
| **Operator Name** | **Emma Audsley-Jones** |
| **Signature** | **E.L.Audsley-Jones** |
| **Date** | 10/01/2025 |

This agreement will remain in place for the duration the license is valid for, providing no changes are made to the Preventative Health Care plan.

The nominated veterinary practice will not be held accountable for any healthcare issues that occur as a result of the healthcare plan.

**Operating Procedures and Policies Reviewed (Please tick all that apply)**

*\*To be completed by the nominated veterinary practice*

|  |  |
| --- | --- |
| Feeding procedures  |  |
| Cleaning procedures  |  |
| Transportation procedures  |  |
| Disease control policy (including isolation procedure) |  |
| Health and welfare monitoring procedures |  |
| Exercise and enrichment policy  |  |
| Death of animal whilst on site policy (including storage of carcasses procedure) |  |
| Escape of animal’s procedure  |  |
| Revocation of license procedure |  |
| Emergency evacuation and care procedures (covering evacuation and emergency care should the premise become uninhabitable. Should refer to fire, flooding, loss of heating, water or power systems. Also to include an extreme weather policy and an emergency contact list.) |  |
| Staff Training Policy  |  |
| Immature Animal Policy (for the provision of care for dogs under 12 months) |  |
| Unneutered Animal Policy |  |
| New Dog Policy |  |
| **Additional Comments:** *\*list any additional policies reviewed including any record templates* |

**Veterinary Sign Off**

By signing this document, I confirm I have reviewed all information as outline within this plan and am satisfied with its content.

|  |  |
| --- | --- |
| **Review completed by and position** |  |
| **Signature** |  |
| **Date** |  |

**Practice Stamp**