**ALL ABOUT DOGS HOME DAYCARE AND BOARDING**

**Booking and Consent Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner’s details** | | | |
| Full Name |  | | |
| Address |  | | |
| Home phone |  | Mobile |  |
| Email  *Please write clearly* |  | | |
| Owners local proxy | \*\*ENERGENCY CONTACT\*\* \*\*MUST BE LOCAL\*\*  *This is strictly for emergency when owner cannot be contacted* | | |
| Full Name |  | | |
| Address |  | | |
| Phone |  | Mobile |  |
| Email  *Please write clearly* |  | | |

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| --- | --- | --- | --- |
| **Dog 1 details** | | | |
| Name |  | Male/Female |  |
| Breed |  | Age |  |
| Microchip number |  | | |
| Markings |  | | |
| Neutered / Spayed |  | | |
| Date of last flea treatment |  | | |
| Date of last vaccinations |  | | |
| Please bring your vaccination cards with you when you drop off your dog. All dogs must be fully vaccinated to stay with us | | | |
| Medical conditions, allergies, or medication instructions |  | | |

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| --- | --- | --- | --- |
| **Vet details** | | | |
| Practice |  | | |
| Vet’s name |  | | |
| Address |  | | |
| Phone |  | Out of hours phone |  |
| Dog’s insurance company |  | Policy number |  |
| Phone |  | | |

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| --- | --- | --- | --- | --- |
| Dropping dog off | Date |  | Time |  |
| Collection of dog | Date |  | Time |  |

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| --- | --- | --- | --- |
| **Feeding Instructions** | | | |
| Food brand type |  | Amount and times per day |  |
| Other feeding instructions |  | | |
| **Command words –** | Please list words that your dog is familiar with.  *Sit, stay, no, quiet, wait, come etc* | | |
|  | | | |
| **Dog’s character** | Please feel free to comment.  *If your dog has any foibles please list them below!* | | |
| Do they like cuddles? | Yes / No / Sometimes | Are they nervous of loud noises? | Yes / No / Sometimes |
| Are they possessive with food? | Yes / No / Sometimes | Are they happy to share their toys with other dogs? | Yes / No / Sometimes |
| Are they aggressive with other dogs? | Yes / No / Sometimes | Are they aggressive with people? | Yes / No / Sometimes |
| Other info |  | | |

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| --- | --- | --- |
| **Consents– Please tick the boxes and sign at the bottom.** | | |
| Yes  No | I agree that in the case of suspected injury or illness to my dog a Veterinary Surgeon (Vet) may be contacted 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, but maybe at the [premises] nominated vet, where that’s not possible.  I agree to [premises] 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 local proxy to discuss an appropriate course of action for my dog and [premises] will endeavour to keep you (or proxy) updated throughout the process.  I agree that if my dog has fleas or worms then [premises] will take the dog to the Vet to arrange an appropriate treatment and charge the vets bill to me. | |
| Yes  No | I consent to my dog mixing with dogs from other households whilst boarding at All About Dogs | |
| Yes  No | I consent to my dog(s) being fed with (at the same time and place) dogs from other households. | |
| Yes  No | I consent for my dog(s) to be walked outside of the home environment or garden | |
| Yes  No | I consent for my dog to be let off a lead outside of the home environment | |
| Yes  No | I consent to my dog(s) being walked within a group of dogs from other households  (never exceeds 6 dogs) | |
| Yes  No | I consent to my dogs being kept together.  (Only for customers boarding more than one dog) | |
| Continued below | *Initial……………………Date…………………………* | |
| Page 3 |  | |
| Yes  No | I consent to my dog(s) being allowed in the Garden with other dogs | |
| Yes  No | I consent to my dog being kept in a crate as part of its normal routine.  (Only tick if your dog normally uses/sleeps in a crate) | |
| Name (print) | |  |
| Signature | |  |
| Date | |  |

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Additional dogs

|  |  |  |  |
| --- | --- | --- | --- |
| **Dog 2 details (if required)** | | | |
| Name |  | Male/Female |  |
| Breed |  | Age |  |
| Microchip number |  | | |
| Neutered / Spayed |  | | |
| Markings |  | | |
| Date of last flea treatment |  | | |
| Date of last vaccinations |  | | |
| Please bring your vaccination cards with you when you drop off your dog. All dogs must be fully vaccinated to stay with us | | | |
| Medical conditions, allergies, or medication instructions |  | | |

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| --- | --- | --- | --- |
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| Are they aggressive with other dogs? | Yes / No / Sometimes | Are they aggressive with people? | Yes / No / Sometimes |
| Other info |  | | |

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