**ALL ABOUT DOGS HOME DAYCARE AND BOARDING**

**Booking and Consent Form**

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| **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* |
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| **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’sordinary vet, but maybe at the [premises] nominated vet, where that’s not possible.I agree to [premises] administering any prescribed treatment the Vet considersadvisable. 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…………………………* |
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| 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

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| **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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| **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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