

Paws to Play and Stay

Owner:
Address:

Email:
Telephone:

Dog:

Breed: Age/DOB: Neutered:
Microchip Number:

Vaccination: Kennel Cough date given:
Wormed last: Flea/Tick treatment:

Food: Type & amount.

ALLERGIES REGARDING FOODS

Medication:

Medication	Strength	Amount	Doseage

Vet Registered at:

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Insurance Company	Insurance policy dates

Dates for staying with Paws to play and stay.

Arrival			
Departure			

Date (S) familiarisation / visit at Paws to Play and Stay:

Behavioural issues or training issues. Y/N

Whilst your dog(s) is under my care they will be treated as if one of our family and care, attention and affection will be a priority.

Do you give consent for me to contact you with messages via text, WhatsApp with general updates Y/N.

Do you give consent for walking outside of our Garden? Y/N

Do you give consent for walking off lead? Y/N

Do you give consent for walking with other dogs? Y/N

Boarding of dogs will be fed separately unless from the same household and normal for them to be fed together.

Dogs whilst boarding will be sleeping in the same area but separated either by a cage gate or crated if this is normal for them.

Signed.....

Date:.....