



# Kelly's Paw Pals



## Dog Boarding Client Permission & Information Form

<u>Client Information</u>	<u>Dog Information</u>	<u>Vets &amp; Dog's Health Details</u>
Name: _____ Address: _____ _____ _____ Mobile: _____ Home: _____ Email: _____	Name: _____ Date of Birth: _____ Breed: _____ Sex: <b>Male/ Female</b> Neutered/Spayed: <b>Yes/No</b> Vaccinated: (please send a picture of vaccination card via Whatsapp) <b>Yes/No</b> <b>Date of last vaccination:</b> _____ Micro chipped: <b>Yes/No</b> <b>Micro Chip Number:</b> _____ _____ Insurance: <b>Yes/No</b> <b>Insurance Company &amp; contact number:</b> _____ _____ _____	Name: _____ Practice: _____ Address: _____ _____ _____ Phone: _____ Out of hours: _____ Relevant Medical History/ current treatment: _____ _____ _____
<u>Emergency Contact Information</u> Name: _____ Address: _____ _____ _____ Mobile: _____ Home: _____ Email: _____	Flea/Wormed: <b>Yes/No</b> <b>Date of last treatment:</b> _____ <u>Walking Details</u> Off Lead: <b>Yes/No</b> <u>Extra Details</u> Food (specify quantity): _____ _____ Medication: (specify product, dose & time of day) _____ _____	In the Event of a medical issue Kelly's Paw Pals will endeavour to use your own Vet Practice. In the event we can't use your own vets we will use the following Vets, where we are registered:  <p style="text-align: center;"><b>Yorkshire Vets, Topcliffe Lane, Morley, Leeds, LS27 0HL Tel: 0113 238 3823</b></p> (Any treatments given will be added to the Boarding Bill)

**Further Information**

Treats: \_\_\_\_\_

Travel: \_\_\_\_\_

Recall: \_\_\_\_\_

Muzzle: \_\_\_\_\_

Coat for cold/wet weather: \_\_\_\_\_

Commands (please list): \_\_\_\_\_

Behavioural Issues: \_\_\_\_\_

**Reactions**

**(Please specify if any or write none if not applicable)**

Other Dogs: \_\_\_\_\_

Smaller Dogs: \_\_\_\_\_

Larger Dogs: \_\_\_\_\_

Cats: \_\_\_\_\_

Strangers: \_\_\_\_\_

Children: \_\_\_\_\_

Livestock: \_\_\_\_\_

Other: \_\_\_\_\_

**Authorisation**

1. My dog should be crated at night or when left alone:

**Yes / No**

2. I give permission for my dog to be boarded with dogs from other households including keeping within the same room;

**Yes / No**

3. I give my permission for my dog to be walked with dogs from other households

**Yes/ No**

4. I give permission for my dog to travel in a vehicle with other dogs

**Yes/No**

5. I give permission for my dog to be in a private garden with other dogs

**Yes/ No**

6. I give permission for my dog to fed in the same room with other dogs

**Yes/ No**

- I understand that if my dog causes damage to the house or belongings during its stay, I will be liable to pay in full for the damage.
- If my dog falls ill during the time it spends boarding, Kelly's Paw Pals will seek medical advice and take him/her to the vets, the bill will be payable by the owner on return.
- I give Kelly's Paw Pals permission to board and walk my dog/s and agree to all the above
- **Your dog will be given a minimum of 90 minutes exercise daily over 2 or 3 walks – if this is unsuitable then please specify alternative exercise below**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_