

Coleman's Canines - Dog Day Care, Boarding & Walking

Contract & Pet Profile

Customer Details

Name: _____ First time dog owner: Y / N

Address: _____

Tel: _____ Mobile: _____

Work Tel: _____ Email: _____

Secondary Contact

Name: _____ Relationship: _____

Address: _____

Tel: _____ Email: _____

Do they have a key to your home: Y / N

Secondary Contact

Name: _____ Relationship: _____

Address: _____

Tel: _____ Email: _____

Do they have a key to your home: Y / N

Home Security

Would you like me to keep a key on file: Y / N

Door of entry: _____ To be locked: Y / N

Alarmed: Y / N Alarm Code: _____

****Note: All keys left with me are coded and do not have your name and address on them. Leaving a key on file allows me to be available for short notice visits.***

Pet Profile

Name: _____ Age: _____ Sex: Male / Female
Breed: _____ Colour: _____ Coat: Long / Short
Spayed/Castrated: Y / N Size: Small / Med / Large
Is your dog a rescue: Y / N Name of Rescue Shelter _____
Is your dog insured? Y / N Company & Policy No: _____

Veterinary Information

Name: _____
Address: _____
Tel No: _____ Preferred Vet: _____
Microchipped: Y / N Microchip No: _____
Vaccinated: Y / N Date of next vaccination: ____/____/____
Last flea treatment: _____ Brand Used: _____
Last worming treatment: _____ Brand Used: _____

**Please note that if your dog shows continual signs of fleas/ticks/worms whilst in my care, I will either take them to your vets or treat the dog with Drontal or Nexgard myself and charge you accordingly*

Has your dog had kennel cough: Y / N Vaccinated against kennel cough: Y / N
(Preferred, not mandatory)

Medication: _____ Dosage: _____

Details of any illness, poor health, injuries (past or present): _____

**Please note I cannot accept dogs that are known to have an infection/illness into my care – I MUST be advised before arrival, so I can decide whether there is a risk to my other boarding dogs. Knowingly sending your dog with the knowledge of poor health will result in your dog being returned to you or sent to local kennels for the remainder of their stay. All costs of this and any treatment for the other dogs and sterile cleaning will be borne by you.*

Behaviour

Has your dog ever shown any signs of aggression to persons / dogs / animals: Y / N _____

Does your dog have any phobias, dislikes or physical restrictions: Y / N _____

Are there any behavioural issues I should be aware of: Yes / No (i.e. food/toy possessive, scratch at doors, chew things, tries to escape, doesn't like a part of the body touched) **You must disclose anything that may impact your dog's care; your honesty in this matter is very much appreciated - this enables all parties to experience an enjoyable stay**

Do they have good recall: Y / N Are they obedient: Y / N
Are they fully house-trained: Y / N Separation anxiety: Y / N
Do they travel well in a car: Y / N Do they bark or whine at night-time: Y / N
Are they allowed on the furniture at home: Y / N Jump up at people/children: Y / N

Your dog's needs

What is your dog's normal diet and feeding routine: _____

Does your dog have any food allergies or sensitivities: Y / N: _____

**Please note enough food must be provided for your dog's entire stay. Should additional supplies be needed, you agree to reimburse the boarder on collection of your dog(s) (receipts will be provided).*

What is your dog's preferred sleeping place and routine: _____

Please note ALL dogs (including resident) will sleep downstairs in the kitchen / lounge at night-times – no exceptions

What is your dog's normal exercise routine: _____

(Your dog will be walked a MINIMUM of 2 x 20 mins per day unless otherwise stated above)

**Please note: If your dog is elderly or cannot be exercised for any reason, regular enrichment and stimulation will take place throughout the day; consisting of toys, a Kong, puzzle ball, lick mat, treat games & grooming etc.*

Any additional needs required during their stay, such as teeth cleaning, grooming, or any special socialisation or enrichment requirements:

Off Lead Walking Consent

I give Coleman's Canines permission to walk my dog(s) off the lead:

Customer Signature: _____ Date: _____

Representations About Your Dog

The undersigned is the owner of the dog(s).

The dog(s) have never been declared a dangerous or potentially dangerous dog as specified in the Dangerous Dogs Act 1991.

The dog(s) is not a trained guard dog or protection dog.

Dog Requirements

I confirm my dog(s) has a safe, strong and appropriate collar and lead.

I confirm my dog(s) have an ID tag which by law must show the owners name and address.

Emergency Veterinary Care

Coleman's Canines is authorised to seek emergency veterinary care with release from all liabilities related to transportation, treatment and expense. Should your specified veterinarian be unavailable, Coleman's Canines is authorised to engage the services of the veterinarian of their choice. If the customer cannot be contacted in a timely manner, Coleman's Canines is authorised to approve medical and/or emergency treatment (including euthanasia) as recommended by a veterinarian. The customer agrees to reimburse Coleman's Canines for expenses incurred, plus any additional fees involved in attending to such an emergency. Coleman's Canines veterinary practice is Park Vets, Hayes (Sarah Caulfield).

Release of Liability

I do hereby waive and release Coleman's Canines from any and all liabilities of any nature for the actions of myself, my dog(s), or any other person who accompanies me, or holds a key to my home; except those arising from negligence or wilful misconduct on the part of Coleman's Canines.

Coleman's Canines agrees to provide all services in a kind, humane and trustworthy manner. The customer agrees to notify Coleman's Canines of any concerns within 24 hours of their return. In case of emergency, I authorise Coleman's Canines to use their reasonable judgement for the care and well-being of my dog(s).

Coleman's Canines reserves the right to refuse service to any customer, at any time, for any reason. I understand that Coleman's Canines can terminate this contract if my pet becomes a threat to the safety or health of Coleman's Canines, or the community, due to aggressive behaviour or tendencies. Coleman's Canines has a duty of care to report any bite incidents to the authorities.

If your dog shows aggression towards the boarder, their family or other dogs, or their behaviour is uncontrollable or unreasonable, the boarder will contact your secondary contacts to collect your dog immediately. If this is not possible, then they will be placed in boarding kennels for the remainder of their stay; you will be liable for the full cost of this and any reasonable costs in arranging this cover.

I acknowledge that I am responsible for medical expenses and damages resulting from an injury to any person or animal caused by my dog(s). I also agree to allow Donna Coleman to administer emergency canine first aid and CPR to my dog if required.

I confirm that the above information is true and accurate to the best of my knowledge. If anything changes to that listed above, I will inform Coleman's Canines before the next booking is scheduled.

Please note your dog will be boarded with other dogs from other households. Your dog(s) will however, be cared for individually as per the information provided within this form.

I agree to pay Coleman's Canines the fees as laid out on her website/or as discussed. I agree to pay a 25% non-refundable deposit to secure the booking and the full remaining balance on or before the day of collection of my dog(s). I understand no booking is confirmed until this deposit has been paid, an over-night trial has taken place (if relevant), completion of this form, together with a copy of vaccinations booklet are in place. Cash, bank transfer & PayPal accepted.

I am happy with the above details and entrust Coleman's Canines to look after my dog(s) on these terms and conditions. I have sighted her boarding licence, insurance certificate and DBS check and am satisfied with these. I am happy for Coleman's Canines to take and use videos and photos of my dog(s) to place on her official social media sites.

TRIAL DATE: _____ SUCCESSFUL / UNSUCCESSFUL: _____

Coleman's Canines

Signature: _____

Date: _____

Customer

Signature: _____

Date: _____