



REGISTRATION FORM

Your name	
Your home address	
Tel. no.	
Email	
Emergency contact – Please provide the <u>name</u> , <u>home address</u> , and <u>telephone number</u> of a local contact that in the event of an emergency can be contacted in your absence and/or collect your dog(s). This is a licensing requirement. It must not be someone you will be travelling with.	
Pets name	
Sex of Dog	
Dog's D.O.B.	
Breed <i>(If your dog is an XL Bully, you must provide a copy of your exemption certificate and third party public liability insurance)</i>	
Microchip no.	
Neutered/Spayed?	Yes / No
Vaccinations – Please provide a copy by email. Required are; Distemper, Hepatitis, Parvovirus (DHP) and Leptospirosis. <i>Required to complete registration.</i>	
Please provide full details of your dog's temperament and general behaviour; e.g. <i>friendly – nervous – anxious – energetic – reactive – playful – aggressive – overexcitable – barks a lot – sensitive – confident etc.</i> Elaborate to include all relevant information that we will require to best care for your dog.	
Please provide full details of any behavioural issues your dog has ever displayed; e.g. <i>food/toy possessive – guarding specific spaces – reactive, whether minor or significant – aggression – being withdrawn – self destructive – fearful – any triggers etc.</i> Elaborate to include all relevant information that we will require to best care for your dog.	
Pre-existing medical conditions – Please include any of the following, or any other ailments or illnesses they are prone to or suffer from; e.g. <i>Ear or Eye Infections – Epilepsy – Sensitive Skin – Deafness – Blindness – Lameness – Lumps/Warts – Prone to biting – Stiffness/Pain etc.</i>	
Allergies – please provide full details of food or environmental allergies or sensitivities we need to be aware of.	
Medication required – Include name and dosage.	
Arden Grange food is included in the boarding cost, but if you would like to bring your own pet food in for your dog, please provide details of it here.	
Can your dog be given a treat at Leander Kennels?	
Registered vet practice name and tel. no.	
<u>Name</u> and <u>frequency</u> of worming and flea treatments – All dogs must be treated.	



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Details of any pet insurance – Include name of insurer and valid to date.	
If you are booking in more than one dog, would you like them to share a kennel?	
After boarding, we would always like to return your dog to you in clean condition. Would you like to book a Bath, Brush & Blow Dry for the day before check-out? <i>Current prices for this service are on our website.</i>	

SAFETY CHECKLIST

Has your dog ever bitten anyone, either intentionally/aggressively or as a result of redirected behaviour? If yes, give details.	
Has your dog ever snapped or snarled at anyone? If yes, give details.	
Is your dog under or has it ever been subject to a Community Protection Order?	
How does your dog respond to people at home and in public, particularly those unfamiliar to them?	
Is your dog reactive to other dogs in any way, either on or off lead, at a distance, or when close to other dogs?	
Does the dog tolerate being stroked or physically examined? Do they growl, stiffen, or snap when touched?	
Are there any specific areas of their body that your dog does not like to be touched?	
Does your dog require a muzzle in any situation e.g. at the vets, at the groomers, in public, around other dogs?	
Dates for boarding (check-in and check-out dates)	
Customer Declaration: By signing I agree that all the information provided on this registration form is complete and accurate to the best of my knowledge. I agree to notify Leander International Kennels Ltd if any of the information on this form changes at any time. By signing I confirm I have read and understood the Terms and Conditions as I understand that by booking any service provided by Leander International Kennels Ltd I am agreeing to be bound by the terms. <i>A copy of our Terms and Conditions is also available on our website, is attached to every booking confirmation email, or can be provided on request.</i>	[] Tick here to confirm. X Full Name