

LADYSHORE GRANGE PET ADMISSION FORM



CAT	DOG	
Date /Time of Arrival	Date/Time of Departure	Name Tags and Collars Y N If no why:
Name and description of animal(s) including ages, gender, and neuter status.		
Owners Name: Phone: Reason for boarding and destination:	Address:	
Nutritional Requirements (Policy Standard is twice daily am & pm, mix of standard dry food and dog/cat meat)	Dog Exercise Allowances (Policy Standard is Twice Daily. Walks include off premises down to country park and or play in outdoor dog run. Please circle those consented for) WALKS OUTDOOR DOG RUN	
Medical History/Current/Medications	Behaviour History: Any signs of aggression? Y N Please note, any dogs showing signs of aggression to each other, or staff will be given the opportunity to settle into new environment but if behaviour continues will be asked to leave & must be collected within 24hr	
Vet Practice Name: Address: TEL:	Insurance Details	
Veterinary and Emergency Treatment Policy: In the event of illness or injury, every effort will be made to contact owners prior to seeking veterinary treatment. However, if unsuccessful or in the event of an emergency deemed by Ladyshore Grange Staff, you consent to the immediate transfer of the animal to the registered vet practice at Beech House, Stopes Road or if out of hours/unable to see, Pet Medics Worsley. These costs will be covered by owners in full. Any excess paid by the kennels at time of vet admission will be reimbursed on return and any vet bills will be covered in whole by owners. The kennels excepts no responsibility for veterinary treatment costs whilst the animal in our care. I give permission to my veterinary practice to release information relevant to my animal(s) in respect of general health or any specific ailment/treatment to Ladyshore Grange or their representatives. In addition, I give authority to Beech House/Pet Medic Vets to administer appropriate treatment to my animal(s) as authorised by representatives at Ladyshore Grange for which I will be financially responsible Please tick box to consent to above and to confirm you have read and agree with full terms on conditions avaibale on LG webiste <input type="checkbox"/>		
Emergency Contacts Name: Phone:	Address:	
Owner's permission to share same household animals YES NA		
Date of vaccinations and evidence brought YES No If No Why:	Date of last worm and flea treatment:(Inc Brand if known)	
SPECIAL REQUIRMENTS (Likes and Dislikes):		
Enrichment Plan- As well as exercise we would like to make your animals stay more pleasurable. This includes a daily enrichment plan. Please circle those you consent to. Please note pets will be left unattended at times with toys and treats. Toys Treats Human Contact and Play Grooming Social Play		
Please list and describe any items left with your pet (we cannot accept responsibility for these items and are left at owner's risk):		
OWNER SIGNATURE AND DATE: (By signing you agree to T+C's of boarding available at www.ladyshoregrange.co.uk or available on request)		DATE: