

**Booking Form**

# OWNER INFORMATION

Title: ……………… First Name....................................................... Surname: ....................................................................

Address: ................................................................................................................................ Postcode: ……....................

Home Phone: .............................................................. Work Phone: ...............................................................................

Mobile Phone: ............................................................. Email: ..........................................................................................

# EMERGENCY CONTACT

Title: ……………… First Name: ....................................................... Surname: ....................................................................

Address: ................................................................................................................................ Postcode: ……....................

Home Phone: .............................................................. Work Phone: ...............................................................................

Mobile Phone: ............................................................. Email: ..........................................................................................

# PET INFORMATION

Name: .................................................. Breed: ........................................................................ DOB: …………………...…….

Microchip No: ……………………………….………………………………………………………………………………………………………………………..……

Sex: …………………….. Neutered: ……………..… If no, and female, date next in season: ……………..……………………………..

# OTHER PETS FROM SAME HOUSEHOLD

Name: .................................................. Breed: ........................................................................ DOB: …………………...…….

Microchip No: ……………………………….………………………………………………………………………………………………………………………..……

Sex: …………………….. Neutered: ……………..… If no, and female, date next in season: ……………..……………………………..

Name: .................................................. Breed: ........................................................................ DOB: …………………...…….

Microchip No: ……………………………….………………………………………………………………………………………………………………………..……

Sex: …………………….. Neutered: ……………..… If no, and female, date next in season: ……………..……………………………..

Name: .................................................. Breed: ........................................................................ DOB: …………………...…….

Microchip No: ……………………………….………………………………………………………………………………………………………………………..……

Sex: …………………….. Neutered: ……………..… If no, and female, date next in season: ……………..……………………………..

# VETERINARY INFORMATION

Name of Veterinary Surgeon: ............................................................................................................................................ Address of Practice: ...........................................................................................................................................................

Telephone Number: ......................................................... Out of Hours Tel. No: ...........................................................

# INSURANCE

Company Name: ………………………………………………………………… Policy No: …………………………………………………………………..

Website: ………………………………………………. Email: …………………………………………….…….. Tel No: …………………………………….

# HEALTH AND MEDICATION DETAILS (including restrictions on exercise)

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# FEEDING/TREATS

Time of Feed/Treats: .........................................................................................................................................................

Type of food/Treats: ..........................................................................................................................................................

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# ACCOMMODATION

Where does the dog usually sleep? …………………………………………….....................................................................................

Blankets/toys when sleeping? …………………………………………………………………………………………………………………………………..…

Special arrangements for sleeping/rest? ………………………………………………………………………………………………………………………

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…………………………………………………………………………………………………………………………………………………………………………………….. Toys/games the dog likes? ………………………………………………………………………..………………………………………………………………… ……………………………………………………………………………………………………………………………………………………………………………………..

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# LEVEL OF OBEDIENCE AND ANY COMMAND WORDS THAT THE DOG RESPONDS TO

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**IS THE DOG LIKELY TO:**

|  |  |  |  |
| --- | --- | --- | --- |
| BE AGGRESSIVE WITH OTHER DOGS?  | OFTEN  | OCCASIONALLY  | NEVER  |
| BE AGGRESSIVE WITH PEOPLE?  | OFTEN  | OCCASIONALLY  | NEVER  |
| BE FEARFUL OF OHER DOGS?  | OFTEN  | OCCASIONALLY  | NEVER  |
| BE FEARUL OF UNNOWN PEOPLE?  | OFTEN  | OCCASIONALLY  | NEVER  |
| BARK?  | OFTEN  | OCCASIONALLY  | NEVER  |
| CRY/WHINE?  | OFTEN  | OCCASIONALLY  | NEVER  |
| CHEW FURNITURE?  | OFTEN  | OCCASIONALLY  | NEVER  |
| CHEW OTHER THINGS?  | OFTEN  | OCCASIONALLY  | NEVER  |
| SCRATCH AT FURNITURE, CARPETS OR DOORS?  | OFTEN  | OCCASIONALLY  | NEVER  |
| DIG UP LAWNS/PLANTS?  | OFTEN  | OCCASIONALLY  | NEVER  |
| JUMP ONTO FURNITURE?  | OFTEN  | OCCASIONALLY  | NEVER  |
| JUMP UP AT PEOPLE?  | OFTEN  | OCCASIONALLY  | NEVER  |
| PULL ON THE LEAD?  | OFTEN  | OCCASIONALLY  | NEVER  |
| MESS OR URINATE IN THE HOME?  | OFTEN  | OCCASIONALLY  | NEVER  |
| POSSESSIVE OVER FOOD, TOYS, CHEWS ETC?  | OFTEN  | OCCASIONALLY  | NEVER  |
| TRY TO ESCAPE?  | OFTEN  | OCCASIONALLY  | NEVER  |
| EAT THEIR OWN OR OTHER ANIMAL FAECES?  | OFTEN  | OCCASIONALLY  | NEVER  |
| CHASE OTHER ANIMALS?  | OFTEN  | OCCASIONALLY  | NEVER  |

# ANY OTHER RELEVANT OR USEFUL INFORMATION

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# BOOKING DETAILS

Days/Dates: ........................................................................................................................................................................

Arrival Time: ................................................................. Collection Time: .........................................................................

Payment: …………………………………………………………………. Payment due date: ………………………………………………………………..

Days/Dates: ........................................................................................................................................................................

Arrival Time: ................................................................. Collection Time: .........................................................................

Payment: ………………………………………………………………….. Payment due date: ………………………………………………………………..

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Arrival Time: ................................................................. Collection Time: .........................................................................

Payment: ………………………………………………………………….. Payment due date: ………………………………………………………………..

Days/Dates: ........................................................................................................................................................................

Arrival Time: ................................................................. Collection Time: .........................................................................

Payment: ………………………………………………………………….. Payment due date: ………………………………………………………………..

I agree to the Terms and Conditions, Policies and Procedures and to pay the amount as detailed above.

**Signed:** ..................................................................................................................................... **Date:** ..............................

**Print Name:** ………………………………………………………………………..………………………………………………….………………………………….