

## Client Registration form

**Trial Familiarisation session completed:** *(Insert Date)*

*(Comments)*

<b>Arrival Date:</b>	<b>Departure Date:</b>
----------------------	------------------------

### Owner Information

<b>Full Name:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Telephone Number:</b>	<b>Mobile:</b>
<b>Email Address:</b>	

### Emergency Contact Information

<b>Full Name:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Telephone Number:</b>	<b>Mobile:</b>
<b>Email Address:</b>	

**Your pet's details** *(In season bitches will not be accepted if an entire male is boarding)*

<b>Name:</b>	<b>Age:</b>
<b>Sex:</b>	<b>Neuter Status:</b>
<b>If applicable date of last season:</b>	<b>No. of dogs from same household:</b>
<b>Breed/Description:</b>	
<b>Microchip Number:</b>	
<b>Date of last vaccination</b> <i>(proof must be provided):</i>	
<b>Date of last flea treatment:</b>	<b>Date of last worming:</b>
<b>Is your pet insured:</b>	<b>Yes/No</b>
<b>If insured please provide insurance details including policy number:</b>	

### Client's usual Veterinary Practice

<b>Name:</b>
<b>Address</b>
<b>Contact number:</b>

### Medical History

Please provide details of your pets current or previous health issues. If your dog requires medication please list the dosage and frequency required to be administered whilst boarding.

### Feeding regime

Type of food:

Quantity:

Frequency:

### Behavioural issues

Does your dog get on well with other dogs/animals?	Yes/No
Is your dog food/toy aggressive	Yes/No
Is your dog destructive in the home	Yes/No
Does your dog travel well in a vehicle	Yes/No
Please list any known behavioural issues:	

### Exercise Requirements

If your pet requires specific exercise requirements outside that of the planned environmental enrichment/exercise regime please detail what is required below.

### Grooming Requirements *(Grooming equipment must be provided by owner)*

If your pet requires basic grooming such as cleaning eyes and brushing long fur please detail what is required below.

### Owners Consent

In the event that your pet requires veterinary treatment whilst staying at *(insert company name here)* where reasonably practicable your dog will be taken to its own veterinary practice for treatment. If this is not possible, your dog will be taken to my vet, which is

Name:

Address

Contact number:

I give permission for <i>(insert company name here)</i> to take my pet to their vet if medical treatment is required.	Yes/No
Do you consent to your dog(s) boarding with other dogs?	Yes/No
If you have more than two dogs, do you consent to them sharing a designated room?	Yes/No
Do you consent to your dog being walked with other dogs?	Yes/No
Do you consent to your dog being walked off lead?	Yes/No
Do you consent to your dog being walked outside the home/garden?	Yes/No
I have read and agree to <i>(Insert company name here)</i> enrichment programme/exercise regime.	Yes/No
Do you consent to your dog using the garden at the same time as other dogs?	Yes/No
Do you consent to any preventative treatment to be given under the direction of a veterinary surgeon.	Yes/No
Do you agree to pay all veterinary fees incurred during your pets stay at <i>(insert company name)</i>	Yes/No

**Dog crates** *(Dog crates must be provided by the owner)*

Does your dog require crating? <i>If yes please give specific instructions to include duration and frequency used, whether the dog prefers access to the crate overnight and/or at any other specific times, whether your dog prefers for the door of the crate to be closed (dogs may only be kept in a closed crate for up to 3 in every 24 hours)"</i>	Yes/No
--	--------

**Property**

List of items provided by owner for pets stay: <i>(E.g. Toys, leads, beds etc.)</i>
---

I confirm that the information I have provided above is true and accurate to the best of my knowledge.

Owners Name.....

Signature.....

Date.....