Section 1: About you

First name:	Last name:	
Email address:		
Phone number:		
Street:		
Town/City:	Postcode:	
Section 2: About the booking		
Number of dogs:		
Please note: If you would like t submitting the booking form.	o book-in more than 4-dogs, please call the office to discuss, prior to	
Drop-off date:	Drop-off time:	
Pick-up date:	Pick-up time:	
Deposit paid via:		

Section 3: Emergency contact details

Emergency contact

IMPORTANT: No dog(s) will be accepted into the kennels without an emergency contact name, address and telephone number, for someone who will be in the UK for the duration of your dog(s) stay at the kennels. The emergency contact will be asked to remove difficult dogs(s) from the kennels. Owners must make their emergency contact aware of this responsibility.

•		
First name:	Last name:	
Email address:		
Phone number:		
Street:		
Town/City:	Postcode:	
Section 4: Terms and conditions		
Please read our full terms and conditions, before submitting your booking.		
I have read and agree to the terms and conditions.		
I confirm that my dog(s) will have been fully inoculated prior to the stay and that they will have received their Kennel Cough vaccine at least 2-weeks prior to their stay.		
I confirm my dog(s) will be fully insured during their stay.		
I confirm that I will provide all food and medication, to cover duration of stay.		
Your signature:		
Your name:	Date signed:	
OFFICE USE ONLY:		
Deposit method:	Deposit date:	
Invoice number:		

Section 5: About your dog(s)

About your 1st dog Dog's name: Dog's breed: Dog's age: Dog's sex: Vet Practice name: Vet Practice phone no.: Date of bitches ls your dog on medication?

Please provide details of your dog's dietary needs, medical conditions, training requirements and any recent history that we should be aware of.

Include information about how much we should feed you dog, how many times a day and, if applicable, details of any medicines that need to be administered with or without food.

Section 5: About your dog(s) continued...

About your 2nd dog Dog's name: Dog's breed: Dog's age: Dog's sex: Vet Practice name: Vet Practice phone no.: Date of bitches ls your dog on medication?

Please provide details of your dog's dietary needs, medical conditions, training requirements and any recent history that we should be aware of.

Include information about how much we should feed you dog, how many times a day and, if applicable, details of any medicines that need to be administered with or without food.

Section 5: About your dog(s) continued...

About your 3rd dog Dog's name: Dog's breed: Dog's age: Dog's sex: Vet Practice name: Vet Practice phone no.: Date of bitches ls your dog on medication?

Please provide details of your dog's dietary needs, medical conditions, training requirements and any recent history that we should be aware of.

Include information about how much we should feed you dog, how many times a day and, if applicable, details of any medicines that need to be administered with or without food.

Section 5: About your dog(s) continued...

About your 4th dog Dog's name: Dog's breed: Dog's age: Dog's sex: Vet Practice name: Vet Practice phone no.: Date of bitches Is your dog on medication?

Please provide details of your dog's dietary needs, medical conditions, training requirements and any recent history that we should be aware of.

Include information about how much we should feed you dog, how many times a day and, if applicable, details of any medicines that need to be administered with or without food.