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**Booking and Consent Form**

**Claire-Bears Doggy Daycare and Home Boarding**

**Booking and Consent Form**

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| **Owner’s details** | | | |
| **Full name** |  | | |
| **Address** |  | | |
| **Home phone** |  | **Mobile** |  |
| **E-mail** |  | | |

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| **Dog 1 details** | | | | |
| **Name** |  | | **Male/Female** |  |
| **Breed** |  | | **Markings** |  |
| **Date of birth** |  | | | |
| **Microchip number** |  | | | |
| **Neutered/**  **Spayed** |  | | | |
| **Date of last flea treatment** |  | | | |
| **Date of last Vaccines** |  | | | |
| **Date of last worming treatment** |  | | | |
| **Please bring your vaccination cards when you drop off your dog. All dogs must be fully vaccinated to stay with us.** | | | | |
| **Medical conditions, allergies, or medications instructions:** | | | | |
| **Vets details** | | | | |
| **Name** | |  | | |
| **Address** | |  | | |
| **Phone** | |  | **Out of hours phone** |  |
| **Dog’s insurance company** | |  | **Policy number** |  |
| **Phone number** | |  | | |

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| **Dog 2 details** | | | |
| **Name** |  | **Male/Female** |  |
| **Breed** |  | **Markings** |  |
| **Date of birth** |  | | |
| **Microchip number** |  | | |
| **Neutered/**  **Spayed** |  | | |
| **Date of last flea treatment** |  | | |
| **Date of last Vaccines** |  | | |
| **Date of last Worming treatment** |  | | |
| **Please bring your vaccination cards when you drop off your dog. All dogs must be fully vaccinated to stay with us.** | | | |
| **Medical conditions, allergies, or medications instructions:** | | | |

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| **Dropping dog(s)**  **off** | **Date** |  | **Time** |  |
| **Collection of dog(s)** | **Date** |  | **Time** |  |

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| **Feeding instructions** | | | |
| **Food brand/type** |  | **Amount/times per day** |  |
| **Other feeding instructions** |  | | |

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| **Command words: Please list command words that your dog is familiar with** |
| **(Sit, Stay, No, Quiet, Wait, Come, etc)** |

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| **Dogs character: Please feel free to comment. If your dog has any behaviours, we should know about, please list them below** | | | |
| **Do they like cuddles?** | **Yes/No/**  **Sometimes** | **Are they nervous of loud noises?** | **Yes/No/**  **Sometimes** |
| **Are they possessive with food?** | **Yes/No/**  **Sometimes** | **Are they happy to share toys with other dogs?** | **Yes/No/**  **Sometimes** |
| **Are they aggressive with other dogs?** | **Yes/No/**  **Sometimes** | **Are they aggressive with people?** | **Yes/No/**  **Sometimes** |
| **Other character info:** | | | |

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| **Local emergency contact (only to be contacted in an emergency)** | | | |
| **Full name** |  | | |
| **Address** |  | | |
| **Home phone** |  | **Mobile** |  |
| **e-mail** |  | | |

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| **Consents –** Please tick the boxes and sign the bottom. Place an ‘x’ in boxes that do not apply, or you do not consent to | |
|  | **I agree that in the case of suspected injury or illness to my dog a veterinary surgeon (vet many be contacted, my dog may be examined, and investigations performed if required (e.g. blood tests, x-rays) and appropriate course of action will be taken on the advice of the Vet.**  **I understand that where possible any treatments will be undertaken by the dog’s ordinary vet, but maybe at** **Claire-Bears Doggy Daycare and Boarding nominated vet, where that’s not possible.**  **I agree to Claire-Bears Doggy Daycare and Boarding administering any prescribed treatment the Vet considers advisable. I understand that the veterinary consultation, tests and treatment will be at my own expense.**  **I also give consent for euthanasia should this be recommended on humane grounds by the Vet caring for my dog.**  **I understand that every effort will be made to get in touch with me or my local emergency contact to discuss appropriate course of action for my dog and Claire-Bears Doggy Daycare and Boarding will endeavour to keep your (or your emergency contact) updated throughout the process.**  **I agree that if my dog has fleas or worms then Claire-Bears Doggy Daycare and Boarding will take the dog to the Vet and arrange an appropriate treatment and charge the vets bill to me.** |
|  | **I consent to my dog missing with other dogs from other households whilst boarding at Claire-Bears Doggy Daycare and Boarding** |
|  | **I consent to my dog(s) being fed with (at the same time and place) dogs from other households.** |
|  | **I consent for my dog(s) to be walked outside of the home environment or garden.** |
|  | **I consent for my dog(s) to be let off lead outside the home environment** |
|  | **I consent to my dog(s) being walked within a group of dogs from other households (never exceeding 6 dogs)** |
|  | **(Only for clients boarding more than one dog)**  **I consent to my dogs being kept together.** |
|  | **(Only tick if your dog(s) normally use/sleep in a crate)**  **I consent to my dog(s) being kept in crate as part of its normal routine** |

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| **Name (print)** |  |
| **Signature** |  |
| **Date** |  |