

Date in: .....

Date Out: .....



## KENNELS BOOKING FORM

### Owner Information

Name:	
Address:	
Home Tel:	Mobile:
E-mail:	

### Emergency Contact Information

Name/Address:
Telephone:

### Dog(s) Details

Name:	Breed: N/S
Colour:	Age & Microchip No:
Medication:	
Vac Expiry:	
Vet:	

Please note that we cannot be responsible for any accident or injury to your dog whilst under our care. Although we have insurance to cover our liability for any dog in our custody or control, this is for our protection in the event of any claims made against us, as liability has to be proven.

**All dogs need up to date vaccinations/titre test cards produced on admission to kennels.**

**All dogs require collars with identification on them.**

I/We give consent for my multiple dogs to be housed in one kennel and give permission for them to be separated if deemed necessary.

I/We give consent for them to be walked on the kennel's own land and paddock.

I/We give consent that if veterinary treatment is required dogs will be taken to Dunelm Vet Group for treatment.

If my dog(s) requires veterinary treatment whilst I am away I authorise Jan Oliver to obtain it

I/We declare to be the legal owner(s) of the above dog and all information provided is correct.

Signed .....

Dated.....