High Gro Kennels Booking and Consent Form

Owner's details			
Full name:			
Address:			
Home Phone:		Mobile:	
e-mail:			
Dog 1 details			
Name:		Male/Female:	
Breed:		Markings:	
Microchip Number:			
Neutered/Spayed			
Date of Last flea treatment:			
Date of last vaccinations:			
Please bring you vaccination cards when you drop off your dog. All dogs must be fully vaccinated to stay with us.			
Medical conditions, allergies, or medication instructions:			
Vets details			
Name:			
Address:			
Phone:		Out of Hours phone:	
Dog's Insurance Company:		Policy No:	
Phone Number:			

Dog 2 details			
Name:		Male/Female:	
Breed:		Markings:	
Microchip Number:			
Neutered/Spayed			
Date of Last flea treatment:			
Date of last vaccinations			
Please bring you vaccination cards when you drop off your dog. All dogs must be fully vaccinated to stay with us. Or bring a photo copy but please make sure your name and dogs name is on it			
Medical conditions, allergies or medication instructions:			
	:		
	:		

Feeding Instructions:			
Food brand type:		Amount and times per day:	
Other feeding instructions:			

Command words: Please list command words that your dog is familiar with			
(*Sit, Stay, No, Quiet, Wait, Come etc*)			
Dogs Character: Please feel free to comment. If you dog has any foibles, 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 info:			

Owners local emergency contact (Only to be contacted in an emergency)			
Full name:			
Address:			
Home Phone:		Mobile:	
e-mail:			
Dog Crates	Does your dog normally use a dog crate at home? Yes / No		
If yes, please describe the crate usage. e.g. Just for sleeping, just for eating, always has access to crate throughout the day etc.			

Consents – Please tick the boxes and sign at 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) may be contacted my dog may be examined, and investigations performed if required (e.g. blood tests, x-rays) and an 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 the Dalehead nominated vet, where that's not possible. I agree to Dalehead 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 proxy to discuss an appropriate course of action for my dog and High Gro Kennels will endeavour to keep you (or proxy) updated throughout the process. I agree that if my dog has fleas or worms then High Gro Kennels will take the dog to the Vet to arrange an appropriate treatment and charge the vets bill to me.
	I consent to my dog(s) being fed with (*at the same time and place*) if not please tell.

	I consent for my dog(s) to be walked on farmland with the use of a lead
	I consent for my dog to be let off a lead outside of the home environment

	(Only for customers boarding more than one dog) I consent to my dogs being kept together.
Name (Print):	
Signature:	
Date:	

Please save the completed form and email it to highgrokennel@outlook.com or bring a hard copy with you to the kennels.