**Rednels K9 Services Booking and Consent Form**

**This booking and consent form is to be completed and returned to Rednels K9 Services, complete with an electronic signature. All clients returning an electronically signed form will be expected to adhere to all conditions within this form. Please note, the booking will not be confirmed until this form is completed and returned, and the booking deposit has been received.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dropping Dog off | | Date: | |  | | | Time: | | |  |
| Collection of Dog | | Date: | |  | | | Time: | | |  |
| **Owner’s details** | | | | | | | | | | |
| Full name: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
| Home Phone: |  | | | | | Mobile: | |  | | |
| e-mail: |  | | | | | | | | | |
| **Owners proxy details** (Only to be contacted in an emergency) | | | | | | | | | | |
| Full name: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
| Home Phone: |  | | | | | Mobile: | |  | | |
| e-mail: |  | | | | | | | | | |
| **Dog details** | | | | | | | | | | |
| Name: | | |  | | Male/Female: | | | |  | |
| Breed: | | |  | | Markings: | | | |  | |
| Microchip Number: | | |  | | | | | | | |
| Neutered/Spayed | | |  | | | | | | | |
| Date of Last worm, flea and tick treatment, product used and dosage: | | |  | | | | | | | |
| Date of last  Vaccinations (DHPL4 and KC) or date of veterinary titre test: | | |  | | | | | | | |
| Please bring you vaccination cards when you drop off your dog. All dogs must be fully vaccinated at least 2 weeks prior to boarding/training or relevant titre test provided. | | | | | | | | | | |
| Medical conditions, allergies,  or medication instructions: | | |  | | | | | | | |

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| **Vet details** | | | | | | |
| Name: |  | | | | | |
| Address: |  | | | | | |
| Phone: |  | | | Out of Hours phone: | |  |
| Dog’s Insurance  Company: | | |  | | Policy No: |  |
| Phone Number: | |  | | | | |

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| **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! | | | | | | |
| Are they comfortable around adults and children? | | 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 including any previous or existing behavioural issues: | | | | | | |

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| --- | --- |
| **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.* | |

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| **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, and 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 may be at the Rednels K9 Services nominated vet, where that’s not possible. I agree to Rednels K9 Servicesadministering 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 Rednels K9 Services will endeavour to keep me (or proxy) updated throughout the process.  I confirm that my dog will have been treated for worms, fleas and ticks, 1 week prior to arrival at the kennels. I agree that if my dog has fleas, ticks or worms then Rednels K9 Services will take the dog to the Vet to arrange an appropriate treatment and charge the vet’s bill to me.  If my dog has not been vaccinated (and the necessary titre test result has been provided), I accept the increased risk of my dog being housed near other dogs. | |
|  | I consent to my dog mixing with dogs from other households whilst boarding at Rednels K9 Services. | |
|  | I consent for my dog(s) to be walked outside of the home environment or garden. | |
|  | I consent for my dog to be let off a lead outside of the home environment. | |
|  | I consent to my dog(s) being walked within a group of dogs from other households (never exceeds 6 dogs). | |
|  | (Only for customers boarding more than one dog)  I consent to my dogs being kept together. | |
|  | (Only tick if your dog normally uses/sleeps in a crate)  I consent to my dog being kept in a crate as part of its normal routine. | |
|  | I confirm that my dog has not previously shown any aggression towards people (adults and/or children) or to other dogs. | |
|  | I confirm that I will be financially liable for any damage caused by my dog to the boarding premises and/or equipment. | |
|  | I confirm that I will pay 50% of the total boarding and/or training fee at the time of booking. The deposit will be refunded in full for any cancellations made with at least 3 months’ notice. The remaining 50% of the fee must be paid in full at least 1 day prior to the dog being dropped off. | |
| Name: | |  |
| Signature: | |  |
| Date: | |  |