

HARVEST HILL KENNELS BOOKING FORM

Boarding dates:

From: ____ / ____ / 20__

To: ____ / ____ / 20__

Owner details:

Name: _____

Address: _____

Contact details:

Telephone _____

Home: _____

Work: _____

Mobile: _____

Email: _____ @

Your Veterinary Surgeon's name and contact

Name: _____

Address: _____

Telephone _____

Dog (s) Details:

Name: _____

Breed: _____

Age: _____

Male/ Female*: Male / Female

Neutered*: Yes / No

Last Heat date: ____ / ____ / 20__

Microchip / Tattoo*: Yes / No (If yes please supply number)

Insurance*: Yes / No

Insurance Details:

Does your dog have any medical conditions? If yes, please detail below including full details of any medication the dog will/ might need while with us.

Any behavioural issues that we need to know about?

Please detail below including your dog's likes and dislikes:

Your dog's usual Diet, quantity and approximate time of feeds:

TERMS AND CONDITIONS

Whilst we take every care whilst your dog is with us, responsibility for the dog can only be accepted at the owner's own risk.

A vaccination certificate according to Harvest Hill Kennels protocol must be shown on arrival.

I agree to the terms and conditions.

Signed:

Dated: ____ / ____ / 20__

*Delete appropriate option.