Kelly’s K9s – Home from Home Dog Boarding
25 Eastern Street, Aylesbury, Bucks, HP20 1BJ

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**BOOKING FORM**

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| --- | --- | --- | --- |
| Dog Name |  | Neutered /Spayed | **Yes / No** \*please circle |
| Breed |  | Microchip number |  |
| Age |  | Date of arrival  |  |
| Male / Female |  | Date of departure  |  |
| **Contact details Owner:** | Name: Address: Telephone number:Email:  |
| **Familiarisation of site:** Date undertaken/areas visited with owner |  |
| **Proof of current vaccinations**: Evidence /dates of recent worming / flea treatments Is your dog insured?  | Please provide a copy of your Vet Record - paper or digital**Yes/No** \*please circle Insurance Provider:Policy Number: |
| **General Health:** To the best of your knowledge, is your dog generally fit and well? Please outline any medications your dog may need and when to administer – please provide original packaging with instructions. Please outline any medical history to be aware of.Permission to administer medication/first aid as necessary **Contact Details of vet**In a medical emergency, I agree for my dog to be taken to the nearest vet (Hampden Vets or Pets At Home) | **Yes/No** \*please circle*For example: My dog has mild arthritis and has a joint supplement every morning.* **Yes/No** \*please circleSignature of owner/date:Name:Address:Telephone: Signature of owner/date: |
| **Daily Routine: Feeding requirements:**Please provide bowls and foodPlease outline any special dietary requirements **Enrichment:**Enrichment activities can help your dog if he is feeling overly stressed and anxious in a new environment Please providekongs / scatter feeders /chews and toys to help your dog settle. A t-shirt or blanket that smells of home can sometimes help your dog to relax **Grooming:**Your dog will be brushed for a minimum of 15 minutes per day. Please provide a suitable brush or comb for your dog. **Sleeping arrangements:** Please provide suitable bedding and blankets  | Details of routine: *For example: At around 8.00 am my dog likes two capfuls of kibble, with a joint supplement. At around 6.00 pm he likes 2 cups of kibble with some pieces of chicken* Details of routine:*For example: groom after exercise, provide chews mid-afternoon and a short game of ‘fetch’ with his tug toys**At around 10.00 pm my dog likes to sleep on his bed upstairs; he usually wakes up at around 7.00 am* Signature of owner/date: |
| **Exercise arrangements:**Please confirm if your dog can be exercised outside of the home environment If ‘yes’ please provide suitable lead/collar/harnessYour dog will be walked twice a day – for a *minimum* of 20 minutes per walkMorning: between 7.00 am – 9.00 am Early evening: between 5.00pm – 7.00pmCan your dog be exercised off lead? **Elderly dogs / dogs in recovery/ very anxious dogs**Some dogs which cannot be exercised must be provided with alternative forms of mental stimulation eg, Kong/chews/licki mat/toys/puzzles**Does the apply to your dog? Yes/No** \*please circle | **Yes/No** \*please circle Signature of owner/date:Details of routine:For example: *my dog likes to walk for a least an hour everyday – to include areas such as parks and fields***Yes/No** \*please circleNo – please leave on lead / use extended lead/long lineYes - Signature of owner/date:Details of routine:*For example: my elderly dog likes to sniff around in the garden and enjoys a frozen Kong for breakfast – he has a chew around midday with a short 15 minute walk at around 4.00pm. He sleeps for the majority of the day*Signature of owner/date: |
| **Transportation** Is your dog comfortable in the car? If applicable, please provide an adequate car-safety harness or travelling crateCan your dog be driven to a safe exercise area (within 10-mile radius) of Aylesbury? **Do you use a crate for your dog?** If yes, this must form part of your dog’s routine and must already be habituated to the crate.Please note: your dog will not be crated during the stay unless specifically requested and crate provided.  | **Yes/No** \*please circle**Yes/No** \*please circleSignature of owner/date:**Yes/No** \*please circleDetails of routine:*For example:* *after exercising, my dog likes to lie down in his crate with a chew. He sleeps in his crate from 10.00 pm – 7.00 am* Signature of owner/date: |
| **Privacy Policy:** Kelly’s K9s are committed to ensuring the protection of personal information collected in the conduct of its business. Our privacy policy is designed to inform our clients and others who deal with us, about how we collect, hold, use and disclose personal information. | Please confirm you have viewed and discussed our Privacy Policy **Yes / No** Please confirm if Kelly’s K9s can publish images of your dog on social media – Kelly’s K9s Facebook page and Kelly’s K9s website only**Yes / No** Signature of owner/date: |
| **Emergency Procedures:**1) Any day-to-day problems that arise Jo Kelly to immediately contact the owner2) In case of the premises become inhabitable, Jo Kelly to contact the owner and the ‘emergency contact’ to collect the dog3) If ‘emergency contact’ cannot be located the dog will be taken to an appropriate safe place (Jo Kelly to accompany) if necessary, the dog warden will be contacted, and temporary alternative accommodation arranged | **Emergency contact:** Name: Address: Telephone number:Email: Signature of owner/date: |
| **To ensure your dog is as comfortable as possible, please add any further information:**\*please note: a copy of all our Policies and Procedures can be found on our website – please view: [www.kellysk9services.co.uk/paws-and-review](http://www.kellysk9services.co.uk/paws-and-review) |