

NUTS ABOUT MUTS

Date

HOME BOARDING INFORMATION

OWNERS DETAILS

NAME

.....

ADDRESS

.....

.....

POST CODE

.....

PHONE NUMBER

.....

MOBILE NUMBER

.....

.....

EMAIL ADDRESS

.....

.....

EMERGENCY CONTACT DETAILS (THIS CANNOT BE THE OWNERS DETAILS)

NAME

.....

ADDRESS

.....

.....

POST CODE

.....

PHONE NUMBER

.....

MOBILE NUMBER

.....

EMAIL ADDRESS

.....

.....

VETS DETAILS

.....

.....

PHONE NUMBER

DO YOU AUTHORISE US TO USE OUR OWN VETS IF YOUR VETS IS NOT WITHIN A 5
MILE RADIUS Y / N

NUTS ABOUT MUTS

HOME BOARDING INFORMATION

DOGS DETAILS

NAME

BREED

DOB

SEX

NEUTURED

NB: BITCHES IN SEASON ARE NOT ACCEPTED

MICROCHIP NUMBER

INSURANCE DETAILS

MEDICAL CONDITIONS

MEDICATION + DOSAGE

DATE OF LAST FLEE TREATMENT

DATE OF LAST WORMING TREATMENT

FOOD SUPPLIED

QUANTITY PER FEED

CAN DOGS FROM THE SAME FAMILY BE FED TOGETHER Y / N

DOES YOUR DOG HAVE A RELIABLE RECALL Y / N

IS YOUR DOG GOOD WITH -

OTHER DOGS Y / N

CATS Y / N

LIVESTOCK/HORSES Y / N

ADULTS Y / N

CHILDREN Y / N

DO YOU AUTHORISE YOUR DOG TO BE SOCIALISED WITH DOGS FROM OTHER HOUSEHOLDS Y / N

DO YOU AUTHORISE 'OFF LEAD' EXERCISE Y / N

DO YOU AUTHORISE YOUR DOG TO BE CRATED FOR SHORT PERIODS OF TIME Y / N

DO YOU AUTHORISE YOUR DOG TO BE CRATED OVERNIGHT Y / N

NUTS ABOUT MUTS

HOME BOARDING INFORMATION

OWNERS INSTRUCTIONS

PLEASE STATE BELOW ANY PARTICULAR REQUIREMENTS REGARDING:-

TEETH CLEANING	GROOMING	EYE / EAR CLEANING
NAILS	EXERCISE	ENRICHMENT
SOCIALISATION		

ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH US?

Licence Number LC201711-914

AGREEMENT

DATES AGREED

.....

COST PER DAY

.....

DELIVERY / COST

.....

COLLECTION / COST

.....

COPY OF THE CURRENT VACCINATION CERTIFICATE ATTACHED

Y / N

I hereby consent to the following Terms and Conditions

I authorise Neil Smith and Margot Smith to act on my behalf, whilst the dog(s) are in their care and will agree to reimburse all costs incurred for veterinary treatment obtained during the visit. These costs will be due, in full, on collection of my dog. Any unreasonable or excessive damage caused by my dog during their stay will be paid for, in full, on collection of my dog. I authorise my dog to be socialised & exercised with dogs from other households during their stay and accept full responsibility for the risks involved.

Owners Signature

Date¹