

BOOKING FORM

| Arrival Date & Time : | |
|---|-------------------|
| Departure Date & Time: | |
| Would you like your dog coll | lected/delivered? |
| | |
| | |
| Owners Name: | |
| Address | |
| Address: | |
| | |
| Telephone No: | Home: |
| | Mobile: |
| | |
| Vets Name : | |
| Address: | |
| Address. | |
| | |
| Tel No: | |
| Dog's Name: | |
| Date of Birth: | |
| Breed: | |
| Microchip Details: | |
| Sex: | |
| Castrated/Spayed | Yes No |
| Insurance Details: | |
| Date of last kennel cough vaccination: | |
| Date of last booster: Please bring certificate when leaving your dog | |



| Medication Given: | | | |
|--|---------------|------------|---------------------------|
| Health Problems/Allergies: | | | |
| Food Type & Quantity | | | |
| Are Treats Permitted? | | Yes | No |
| Permission for dog to be let off lead during | ng walks? | Yes | No |
| Is the dog aggressive with other dogs or people? | | | |
| Additional Information: | | | |
| | | | |
| | | | |
| Emergency Contact: | Name : | | |
| | Tel : | | |
| This should be someone authorised to m | ake a decisio | n regardir | ng surgery or euthanasia. |
| In the event of the above would you wish notified before your return | to be | Yes | No |
| Grooming services required: Bath and brush or professional grooming/clipping | | | |
| | | | |
| List of Belongings : | | | |
| 3 3 | | | |
| | | | |
| | | | |



PLEASE REMEMBER TO BRING YOUR DOGS UP TO DATE VACCINATION CARD. WE CANNOT ACCEPT DOGS WITHOUT PROOF OF VACCINATION.

I hereby confirm that I am the owner of the above named dog(s) and that I authorise the following: - Elkas Friends/Miss J Stacey to act as guardian during my absence and to take any action which she considers suitable in order to protect and keep in good health the above named dog(s). I further confirm that I will be responsible for any costs which might be incurred, either veterinary or other, as a result of any sickness, accident or damage caused to or by the above named dog(s), except third party liability, and that I will pay any such costs or expenses on demand. I also understand that no liability will attach itself to Elkas Friends or Miss J Stacey.

| Name: | |
|------------|--|
| | |
| Signature: | |
| - | |
| Date: | |

DOGGY BAG

If you would like to place a food store or boutique order please give details below and we will have it ready when you collect your dog.