

Lanton Hill Kennels

DOG BOOKING IN FORM

Lanton Hill Kennels Is Legally Required By Local Licensing Authorities

To Record The Following Information.

Owner Information

Name: Mr/Mrs/Miss First Name: Surname:

Address:

Postcode:

Home Phone: Work Phone:

Mobile Phone: Email:

Emergency Contact Name: Telephone:

Booking Details

Collection & Drop off Times can be made from:

7 days a week, 8am-7pm in the summer OR 8am-12pm and 4pm-7pm in the winter months.

Please let us know what time you are collecting your dog. And the date, if it is different from your original booking. Payment is required on collection, cash, cheque or bank transfer by prior arrangement.

Pet Information

1.Name: Breed: DOB:

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Entire: Y/N

Microchip Number

Date Last Vaccination Given Vaccination card seen / copy taken

Date Last Wormed

Bitches: Approximate Date of last Season.....

2. Name: Breed: DOB:

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Entire: Y/N

Microchip Number

Date Last Vaccination Given Vaccination card seen / copy taken

Date Last Wormed

Bitches: Approximate Date of last Season.....

3. Name: **Breed:** **DOB:**

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Entire: Y/N

Microchip Number

Date Last Vaccination Given Vaccination card seen / copy taken

Date Last Wormed

Bitches: Approximate Date of last Season.....

4 . Name: **Breed:** **DOB:**

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Entire: Y/N

Microchip Number

Date Last Vaccination Given Vaccination card seen / copy taken

Date Last Wormed

Bitches: Approximate Date of last Season.....

More dogs? Please ask for additional dog sheet.

Medical issues:

Please specify if your dog has any medical requirements:

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Which Vet practice are you registered with?

	Greenside Vet Practice.
	Hawick Veterinary Practice LTD
	Border Vets (Galashiels)
	Galedin Vets
	Other: Please specify

Insurance: Do you have pet insurance? (Please give Company name).....

Feeding

Time/frequency of usual Feed:

Can your dog be feed the kennels food? Y/N

If no you will be required to bring sufficient food for their stay.

Is your dog possessive over food? Y/N Is your dog allowed treats/titbits? Y/N

Obedience

Does your dog understand some commands:

Sit: Y/N Wait: Y/N Heel: Y/N

Can you walk your dog off lead? Y/N

Does your dog understand recall? Y/N

Behaviour

IS YOUR DOG LIKELY TO

(Please circle the appropriate answer)

JUMP UP AT PEOPLE? Y/N

BARK? Y/N

WHINE? Y/N

FIGHT WITH OTHER DOGS? Y/N

CHEW Y/N

IS YOUR DOG POSSESSIVE OR PROTECTIVE OVER FOOD, TOYS, CHEWS, COLLAR etc? Y/N

Does your dog pull on a lead when out for walks? Y/N

Do you usually walk your dog on a lead? Y/N

If NO please specify: (harness etc)

Please give details of any other information that would be relevant or useful:

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Signed: **Date:**