



## **Booking Form Version 4.1 1<sup>st</sup> March 2025**

**Please ensure you fill in EVERY box, any incomplete forms will not be accepted.**

**Please note: Your Emergency contact MUST be someone NOT from your own household and must be contactable in your absence.**

### **Client Details:**

Name:
Address:
Mobile Tel:
Email:

### **Dog/s Details:**

Name:	Breed:	Age:	Chip Number:	Neuter Status:	Usual brand of wormer:	Usual brand of flea treatment:

### **Emergency Contact (NOT from the same household):**

Name:
Address:
Mobile Tel:

Email:

**Vet:**

Name:
Address:
Tel:

**Do you consent to Canine Capers exercising your dog/s off lead:** (circle one option per dog or delete as applicable)

Dog 1	Y / N
Dog 2	Y / N
Dog 3	Y / N
Dog 4	Y / N
Dog 5	Y / N

**Alternative Location: (if different from Emergency Contact)**

Name:	
Address:	
Tel:	

**Please disclose in this box any matter, fact, medical conditions or characteristic concerning your dog(s) which might impact on their care.**

## Environmental Enrichment

At Canine Capers, we believe dogs should get a healthy mixture of exercise, rest, socialisation and environmental enrichment. We use a variety of appropriate equipment

to achieve this. Please consent to which of the following equipment you will allow your dog to play/interact with: (Tick where applicable)

Access to woodland	<input type="checkbox"/>
Access to ponds	<input type="checkbox"/>
Snuffle mats	<input type="checkbox"/>
Frozen Kongs	<input type="checkbox"/>
Balls	<input type="checkbox"/>
Soft Toys	<input type="checkbox"/>
Frisbees	<input type="checkbox"/>
Paddling Pool	<input type="checkbox"/>
Tug Toys	<input type="checkbox"/>
Footballs	<input type="checkbox"/>
<b>All of the above</b>	<input type="checkbox"/>

### **Vaccines and medical health**

Your dog must be vaccinated (kennel cough optional), or have an up to date titre test to prove immunity, in order to board with us. However, the period immediately after vaccinating can make your dog contagious to others as they “shed” the vaccine. Therefore, please initial the following statements to confirm that, at the point of arriving at Canine Capers, your dog/s have **NOT**....

Had the kennel cough vaccine within the last 14 days .....

Had core vaccines or boosters within the past 14 days .....

And, please also confirm that...

You have fully disclosed any medical conditions, including pre-existing.....

Where you own more than one dog, you consent to them sharing a sleeping area unsupervised .....

You consent to your dog possibly being crated (for a maximum of 3 hours in any 24 hour period/overnight where this is your dogs normal routine), for the purposes of separation if needed, to facilitate cleaning of the premises, to allow your dog their own space to relax, to allow us to check other dogs in/out safely or should any situation arise where we deem it to be in the interest of your dog as well as other residents .....

You consent to your dog being transported and exercised with other dogs from other households (including our resident pack) .....

You consent to Canine Capers grooming, bathing, cleaning ears and clipping claws should the need arise, and be in the interest of the welfare of your dog during their stay.....

## Fees:

Boarding 1 night	£30
Boarding 2+ nights	£26
Daycare	£20
Walks	£15

**Client Signature (Please note: by signing this you are confirming you have read, understood and agree to the Terms and Conditions provided):**

SIGNED..... DATE.....

**IMPORTANT:** Please ensure a copy of a valid vaccine certificate or titre test is attached with this form, we are unable to allow any dog on the premises without these records.

# FOR HOME BOARDING BOOKINGS ONLY

Please fill in the following for your next boarding visit **ONLY**. Future records will be filled in at our premises each time your dog returns going forward....

