



TRENEWYDD
KENNELS

BOARDING BOOKING FORM

YOUR CONTACT DETAILS

NAME:

FULL ADDRESS INCLUDING POSTCODE:

PHONE:

EMAIL:

UK EMERGENCY CONTACT DETAILS (IN CASE WE CAN'T GET HOLD OF YOU):

YOUR BOOKING DETAILS

CHECK IN DATE: CHECK OUT DATE:

CHECK IN TIME: CHECK OUT TIME:

TOTAL NUMBER OF DAYS INCLUDING ARRIVAL AND DEPARTURE DAYS:

NUMBER OF DOGS TO BE BOARDED: 1 2 3

FIRST DOG'S DETAILS

NAME:

SEX: MALE FEMALE

BREED:

PLEASE GIVE A DESCRIPTION OF YOUR DOG:

AGE: AGE IF LESS THAN 1 YEAR OLD:

HAS THIS DOG BEEN NEUTERED / SPAYED? YES NO

{FEMALES THAT HAVE NOT BEEN SPAYED PLEASE STATE WHEN HER LAST SEASON WAS}



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SECOND DOG'S DETAILS (WHERE APPLICABLE)

NAME:

SEX: MALE FEMALE

BREED:

PLEASE GIVE A DESCRIPTION OF YOUR DOG:

AGE: AGE IF LESS THAN 1 YEAR OLD:

HAS THIS DOG BEEN NEUTERED / SPAYED? YES NO

{FEMALES THAT HAVE NOT BEEN SPAYED PLEASE STATE WHEN HER LAST SEASON WAS}

THIRD DOG'S DETAILS (WHERE APPLICABLE)

NAME:

SEX: MALE FEMALE

BREED:

PLEASE GIVE A DESCRIPTION OF YOUR DOG:

AGE: AGE IF LESS THAN 1 YEAR OLD:

HAS THIS DOG BEEN NEUTERED / SPAYED? YES NO

{FEMALES THAT HAVE NOT BEEN SPAYED PLEASE STATE WHEN HER LAST SEASON WAS}



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HEALTH DETAILS

PLEASE GIVE DETAILS OF YOUR DOG'S HEALTH AND ANY MEDICATION (WHERE APPLICABLE):

DO YOUR DOGS HAVE ANY MEDICAL CONDITIONS OR HAS YOUR DOGS HAD ANY RECENT INJURIES OR ILLNESSES?

IF YES, PLEASE PROVIDE DETAILS INCLUDING ANY MEDICATION, QUANTITY & ADMINISTRATION WHERE REQUIRED:

ARE YOUR DOG'S UP TO DATE WITH ALL VACCINATIONS, KENNEL COUGH, WORMING AND ANTI-FLEA TREATMENT? (PLEASE BRING YOUR VACCINATION CARD WITH YOU)

YES NO

DATE LAST WORMED:

DATE LAST RECEIVED ANTI-FLEA TREATMENT:

DATE LAST VACCINATED AGAINST KENNEL COUGH:

PLEASE PROVIDE YOUR DOG'S MICROCHIP NUMBER (AS REQUIRED BY THE LOCAL COUNCIL LICENSING CONDITIONS):

DO YOUR DOGS HAVE ANY ALLERGIES OR FOOD SENSITIVITIES? IF SO, PLEASE PROVIDE DETAILS:

YES NO

FEEDING - PLEASE TELL US ABOUT YOUR DOG'S FEEDING PATTERN AND REQUIREMENTS: (PLEASE BRING ENOUGH FOOD TO LAST THERE STAY)

ARE YOUR DOGS ALLOWED TREATS? YES NO



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GENERAL DETAILS

HAVE YOUR DOG'S SHOWN ANY AGGRESSIVE TENDENCIES TOWARDS PEOPLE OR CHILDREN?

YES NO

HAVE YOUR DOG'S EVER ...BITTEN SOMEONE GROWLED AT SOMEONE ESCAPED FROM
A PROPERTY REACTED NEGATIVELY TO A SITUATION: IF YES, PLEASE PROVIDE DETAILS:

YES NO

HAVE YOUR DOG'S SHOWN ANY AGGRESSIVE TENDENCIES TOWARDS OTHER ANIMALS?

YES NO

DO YOUR DOG'S JUMP UP AT PEOPLE? YES NO

DO YOUR DOG'S TRY TO JUMP FENCES? YES NO

DO YOUR DOGS BARK OR WHINE UNDULY? YES NO

IS YOUR DOG'S POSSESSIVE OVER TOYS, FOOD OR OTHER OBJECTS? YES NO

IF YES TO ANY OF THE ABOVE PLEASE PROVIDE DETAILS:

DESCRIBE YOUR DOG'S LEVEL OF OBEDIENCE AND FAMILIAR COMMAND WORDS:

ARE YOUR DOGS ALLOWED ON FURNITURE? YES NO

DOES ANYTHING UNSETTLE YOUR DOG? I.E., FIREWORKS, THUNDER & LIGHTNING, CARS, ETC?

YES NO

DO YOUR DOG'S SOCIALISE WELL WITH OTHER DOGS? YES NO

DO YOU CONSENT TO YOUR DOG INTERACTING WITH ANY RESIDENT PETS & ANY OTHER
GUEST DOGS WHERE APPLICABLE? YES NO

DO YOU CONSENT TO YOUR DOG BEING WALKED WITH OTHER GUEST DOGS? YES NO

DO WE HAVE YOUR PERMISSION TO TRANSPORT YOUR DOG FOR WALKS? YES NO

DO YOUR DOG'S PULL HARD ON A LEAD? YES NO

DO WE HAVE YOUR PERMISSION TO LET YOUR DOG(S) OFF THEIR LEAD? YES NO
(THIS WILL ONLY BE DONE IN A SECURE DOG PARK)

ARE YOUR DOGS INSURED? YES NO

ANY OTHER DETAILS YOU FEEL WE SHOULD BE MADE AWARE OF WHEN LOOKING AFTER YOUR DOG(S):



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YOUR VET DETAILS

NAME:

FULL ADDRESS INCLUDING POSTCODE:

PHONE:

HOW DID YOU HEAR ABOUT US?

TRENEWYDD KENNELS BOARDING CHECK LIST:

IDENTIFICATION:

VET CARD:

FOOD:

MEDICATIONS/ SUPPLEMENTS:

BEDDING (OPTIONAL):

FAVOURITE TOY (OPTIONAL):

FITTED COLLAR/ HARNESS & LEAD:

EMERGENCY INFORMATION: