

**Bromyard Boarding Kennels
Registration Form.**

PLEASE COMPLETE A REGISTRATION FORM FOR EACH DOG. PLEASE ADVISE OF ANY CHANGES AND CONFIRM THE DETAILS ARE CORRECT ON EACH VISIT TO THE KENNELS.

Your details -

NAME -
ADDRESS -

EMAIL ADDRESS
TELEPHONE NUMBER(S)

Emergency Contact -

(If no emergency contact please provide vet details.)

NAME -
ADDRESS -

EMAIL ADDRESS
TELEPHONE NUMBERS(S)

Your dog -

NAME -
MICROCHIP NUMBER -
AGE -
MALE/FEMALE -

BREED -
COLOUR -
NEUTERED -

Feeding -

Please advise your dogs normal food and amount and any specific eating habits (e.g. grazer)

Medication -

NAME OF MEDICATION -

DOSAGE -

Vet Details -

NAME OF VETERINARY PRACTICE -
(please specify the name of your normal veterinary surgeon if appropriate)

ADDRESS -

TELEPHONE NUMBER -

EMAIL ADDRESS -

IF YOUR DOG NEEDS VETERINARY ATTENTION DO YOU GIVE PERMISSION FOR BROMYARD BOARDING KENNELS TO CONTACT MARCHES VETERINARY PRACTICE, RYELANDS ORCHARD. LEOMINSTER ON YOUR BEHALF -

YES NO

Medical history -

(please advise of any previous or ongoing medical conditions, and practitioners treating these.)

PLEASE CONFIRM YOUR DOG IS UP TO DATE WITH PARASITE TREATMENT (flea/tick/worming)

YES NO

Brand used -

Date Administered -

Insurance details -

INSURANCE PROVIDER -

POLICY NUMBER -

TELEPHONE NUMBER -

Behavioural issues -

Exercise -

DO YOU GIVE PERMISSION FOR YOUR DOG TO BE SOCIALISED WITH OTHER DOGS?

YES NO

DO YOU GIVE PERMISSION FOR YOUR DOG TO BE WALKED OFF THE LEAD IF WE FEEL THIS IS SUITABLE FOR YOUR DOG?

YES NO

Additional needs -

Do you give your consent for us to check coat, teeth, ears, nails and inspect for parasites, and take the appropriate action required?

YES NO

Any other needs??

IF YOU HAVE MORE THAN ONE DOG ARE YOU HAPPY FOR THEM TO BE KENNELLED TOGETHER?

YES NO

DO YOU GIVE PERMISSION FOR YOUR DOGS TO BE SEPARATED IF DEEMED NECESSARY?

YES NO

I CONFIRM THAT THE DETAILS PROVIDED ARE CORRECT TO MY KNOWLEDGE.

SIGNED

DATE