

Scruffs Pet Services

Booking and Consent Form

OWNERS DETAILS			
Full Name			
Address			
Home phone		Mobile	
EMAIL:			

DOG 1 DETAILS			
Name		Male/Female	
Breed:		Markings	
Microchip Number			
Neutered/Spayed			
Date of last flea treatment			
Date of last vaccinations			
PLEASE BRING YOUR VACCINATION CARDS WITH YOU WHEN YOU DROP YOUR DOG OFF. ALL DOGS MUST BE FULLY VACCINATED TO STAY WITH US			
MEDICAL CONDITIONS, ALLERGIES, OR MEDICATION INSTRUCTIONS:			

VETS DETAILS			
Name			
Address			
Phone		Out of Hours Phone	
Dog insurance company		Policy Number	
Phone Number			

Dropping Dog off	Date		Time	
Picking Dog up	Date		Time	

DOG 2 DETAILS			
Name		Male/Female	
Breed:		Markings	
Microchip Number			
Neutered/Spayed			
Date of last flea treatment			
Date of last vaccinations			
PLEASE BRING YOUR VACCINATION CARDS WITH YOU WHEN YOU DROP YOUR DOG OFF. ALL DOGS MUST BE FULLY VACCINATED TO STAY WITH US			
MEDICAL CONDITIONS, ALLERGIES, OR MEDICATION INSTRUCTIONS:			

FEEDING INSTRUCTIONS:			
Food brand type		Amount and times per day	
Other Feeding Instructions			
COMMAND WORDS, Please list words that your dog is familiar with:			
(Sit, Stay, No, Quiet, Wait, Come etc)			
Dogs Character: Please feel free to comment, anything and everything			
Do they cuddles	Yes / no / sometimes	Are they nervous or Loud dogs	Yes / no / sometimes
Are they possessive with food	Yes / no / sometimes	Are they happy to share toys with other dogs	Yes / no / sometimes
Are they aggressive with other dogs	Yes / no / sometimes	Are they aggressive with people	Yes / no / sometimes
Other Information:			

EMERGENCY CONTACT (only to be used in an emergency)			
Full Name			
Address			
Home Phone		mobile	
E mail			

DOG CRATES	Does your dog normally use a crate at home yes/no
<p>If yes, please describe the crate used and when. Eg just for sleeping, just for eating, always has access to the crate throughout the day.</p>	

Consents – Please tick the boxes and sign th bottom. Place and 'X' in the boxes that do not apply or you do not consent to	
<input type="checkbox"/>	<p>I agree that in the case of suspected injury or illness to my dog a vet may be contacted my dog may be examined, and investigations performed if required (eg blood tests, xrays) and an appropriate course of action will be taken on the advice of the vet.</p> <p>I understand that where possible any treatments will be undertaken by the dogs ordinary vet, but maybe at the Scruffs nominated vet, where that's not possible. I agree to Leanne administering any prescribed treatment the vet considers advisable. I understand the veterinary consultation, tests and treatment will be at my own expense.</p> <p>I also give consent for euthanasia should this be recommended on humane ground by the Vet caring for my dog.</p> <p>I understand that every effort will be made to get in touch with me or my emergency contact, to discuss an appropriate course of action for my dog and Leanne at Scruffs will endeavour to keep you or my emergency contact updated throughout the whole process.</p> <p>I agree that if my dog has fleas or worms then Leanne at Scruffs will take the dog to the vet to arrange appropriate treatment and charge the vets bill to me.</p>
<input type="checkbox"/>	<p>I consent to my dogs mixing with dogs from other households whilst boarding at scruffs.</p>

<input type="checkbox"/>	I consent to my dogs being fed with (at the same time and place)with dogs from other households.
<input type="checkbox"/>	I consent for my dogs to be walked outside of the home environment or garden, with his own tag on his collar provided by me.
<input type="checkbox"/>	I consent for my dogs to let off the lead outside the home environment.
<input type="checkbox"/>	I consent to my dog being walked within a group of dogs from other households (never exceeding 6)
<input type="checkbox"/>	(only for dog customers boarding more than one dog) I consent for my dogs to be kept together.
<input type="checkbox"/>	(only tick if your dog normally uses / sleeps in a crate) I consent to my dog being kept in a crate as part of its normal routine.
Name (print)	
Signature	
Date	