

Premier Canine Cheshire

Section 1) The owners details:	
Owners Name:	
Address:	
Post Code:	
Mobile No:	
Email:	

Section 2) Your Dogs Details:	
Name	
Breed	
D.O.B	
Colour	
Sex	
Neutered	
Microchip Number	
Vaccination Card	Yes/No
Vaccination Expiry Date	
Last Flea Treatment	
Last Worming Treatment	
Dog Insurance Details	

Section 3) Your Dogs Stay:	
Check in date and time	Check in is between 3 & 4pm – Date:
Check out date and time	Check out is 10am – Date:
Enrichment Plan created and attached	Yes/ No
Do You consent to the following:	
Dogs from same home being kennelled together or separated?	Yes/No
We do not mix any dogs during exercise periods.	

Section 4) Veterinary Surgeons Details:	
Veterinary Surgeon Name	
Practice Address:	
Tel No:	

Section 5) Emergency Contact Details:	
Emergency Contact Address Post Code	
Telephone No: Mobile No Email	

I am the owner of the dog named in Section 2. I have read Premier K9 Limited's Standard Operating Procedures and policies along with the Terms & Conditions, I agree for my dog to be left in the care of Premier K9 Limited.

Signature of Owner Date

Enrichment Plan for Kennels:	
Name of Dog	
Walks per day	As a minimum your dog will be walked 2 times a day both walks lasting 20 minutes.
How would you like us to feed your dog while they stay with us? Please put specifics if you have any.	
Is your dog on any medication, that they will need to take during their stay with us?	
What does your dog like to do when they are playing on the field or out for walks?	
Noise Management	We manage noise in the kennels by positive training methods, walking, plenty of interaction and a feeding routine.
Is there anything else we need to know?	