🐾EMERGENCY INFORMATION🐾

PET NAME:

OWNER NAME:

OWNER ADDRESS:

OWNER EMAIL:

OWNER PHONE NUMBER:

EMERGENCY CONTACT 1:

EMERGENCY CONTACT 2:

REGISTERED VET:

TELEPHONE NUMBER:

I GIVE PERMISSION FOR CATHERINE ADAMS PET SERVICES TO ACT ON MY BEHALF WHEN MAKING ANY DECISIONS REGARDING THE WELFARE OF MY ANIMAL WHILST IN THEIR CARE. Tick box to agree

MICROCHIPPED yes/no: MICROCHIP NUMBER:

INSURED yes/no INSURANCE POLICY NUMBER AND NAME:

SPAYED/NEUTERED:

GENDER:

BREED/TYPE:

BIRTHDAY:

VACCINATION/TITRE TEST DATE:

Please provide a copy of your vaccination records for your animal. If your vaccination book is not complete then please provide a letter from your vet showing your dog has the necessary vaccinations. Dogs must be vaccinated against Distemper, Hepatitis, Parvovirus, Parainfluenza, Leptospirosis and Kennel Cough. Titre testing is accepted.

FLEA/WORM TREATMENT PRODUCT NAME:

DATE LAST ADMINISTERED:

CARE INFORMATION

TYPE OF FOOD: brand name, kibble, wet, raw etc…

BREAKFAST: LUNCH:

DINNER: SNACKS/TREATS/BONES:

ALLERGIES: FAVOURITE TOY:

SLEEPING SPOT: cage, sofa, bed etc…: ALLOWED ON FURNITURE:

MEDICATION: MEDICAL HISTORY:

HOUSETRAINED: ACTIVITIES FORBIDDEN:

DAILY ACTIVITY:

KNOWN COMMANDS: information that may be useful eg reactive to traffic, strong on lead, prey drive etc…

CONSENT

IS YOUR DOG ALLOWED OFF LEAD?

IF YES WHAT IS ITS RECALL COMMAND?

IF NO ARE YOU HAPPY FOR YOUR DOG TO BE PLACED ON A LONG LEAD (100FT)?

IS YOUR DOGS COLLAR/HARNESS IS GOOD FITTING AND THEY CANNOT ESCAPE FROM THIS?

DO YOU AGREE THAT YOUR DOG MAY BE LEFT ALONE FOR A PERIOD OF UP TPO THREE HOURS?

DO YOU AGREE THAT YOUR DOG WILL BE BOARDED AND WALKED WITH OTHER DOGS AND BITCHES?

DO YOU AGREE THAT YOUR DOG HAS NEVER BITTEN ANOTHER DOG OR HUMAN?

DO YOU AGREE TO THE TERMS AND CONDITIONS?

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Boarding Facility Information:**

**Name:** Catherine Adams Pet Services

**Address:** 18 Lawns Crescent, Little Downham, Ely, Cambs, CB62TT

**Phone:** 07718647147 E-Mail: catherineadamspetservices@aol.com

**Prices:** £30 per 24 hours, £25 day care, £20 Pack Walk, £15 hourly rate, £12.50 30 min rate

**Opening Times:** 7.15am - 6pm (Drop offs between 7.15 - 8am or 9am - 9.30 unless otherwise agreed. Collections to be at an agreed time until 6pm - late arrivals/collections may incur additional charges)

**Cancellation Policy:** 7 days notice to cancel is required otherwise payment in full is required.

**TERMS AND CONDITIONS**

**CANCELLATION/BOOKING POLICY**

YOU AGREE THAT YOU ARE CONFIRMING YOUR BOOKING BY PAYING THE NON-REFUNDABLE NON-TRANSFERABLE DEPOSIT OF 25% OF YOUR TOTAL BILL, MINIMUM PAYMENT OF £50. ONLY ONCE THE DEPOSIT HAS BEEN RECEIVED WILL YOUR BOOKING BE CONFIRMED. YOU AGREE THAT THE REMAINING BALANCE WILL BE PAID ON ARRIVAL. ANY EXTRA CHARGES WILL BE PAYABLE BEFORE YOUR ANIMAL LEAVES OUR PREMISES.

YOU AGREE THAT IF YOU CANCEL YOUR BOOKING FOR WHATEVER REASON, YOUR DEPOSIT IN NON REFUNDABLE. IF YOU CANCEL YOUR BOOKING WITH LESS THAT 7 DAYS NOTICE YOU WILL BE LIABLE TO PAY 70% OF YOUR BOOKING FEES. IF YOU CANCEL YOUR BOOKING WITH LESS THAN 5 DAYS NOTICE YOU WILL BE LIABLE FOR THE FULL BOOKING FEE UNLESS WE CAN FILL YOUR ANIMALS SPACE. YOU AGREE THAT SHOULD YOU NEED TO SHORTEN YOUR STAY OR RETURN HOME EARLY AND TO DECIDE TO COLLECT YOUR DOG BEFORE THE END OF YOUR BOOKING, YOU WILL NOT BE ENTITLED TO ANY REFUND.

TO AVOID FURTHER CHARGES BEING ADDED, PLEASE ENSURE THAT YOU ARRIVE AT THE AGREED APPOINTMENT TIME. DAY CARE HOURS ARE BETWEEN 7.15AM AND 6PM. COLLECTION AND DROP OFF OUTIDE THESE TIMES WILL INCUR EXTRA CHARGES. ALL BOARDING DOGS NEED TO ARRIVE BEFORE 9AM ON THEIR FIRST DAY OF BOARDING UNLESS OTHERWISE AGREED.

**EMERGENCY CARE**

IF WE ARE UNABLE TO SPEAK WITH YOU OR YOUR EMERGENCY CONTACT YOU AGREE THAT WE MAY MAKE ANY DECISIONS REGARDING YOUR ANIMALS HEALTH/WELFARE, PROVIDING WE ARE ACTING IN THE BEST INTEREST OF YOUR ANIMAL AND THAT IT IS ON THE ADVICE OF A QUALIFIED VETERINARY SURGEON.

YOU AGREE TO PAY ANY VET BILLS THAT MAY BE INCURRED ON YOUR RETURN.

PLEASE NOTE OUR REGISTERED VET IS JOHNSON AND SCOTT IN LITTLEPORT OR WITCHFORD. WE ARE WILLING TO USE YOUR REGISTERED VET ALTHOUGH THIS MAY INCUR ADDITIONAL CHARGES FOR TRAVEL.

**BEHAVIOUR**

YOU AGREE THAT SHOULD YOUR DOGS BEHAVIOUR BECOME UNCONTROLLABLE, DESTRUCTIVE OR UNREASONABLE, YOU ACCEPT THAT HE/SHE WILL BE PLACED IN OUR ISOLATION AREA OR A LICENSED BOARDING KENNEL FACILITY UNTIL YOUR RETURN. IN ADDITION, YOU AGREE TO PAY THE COST OF ANY DAMAGE CAUSED BY YOUR DOG TO MY HOME AND OR ANY FEES FOR ANY SUCH FACILITY. YOU CONFIRM YOUR DOG IS NON-AGGRESSIVE TOWARDS DOGS AND PEOPLE. NO DOGS REGISTERED UNDER THE DANGEROUS DOGS ACT OR NO ENTIRE MALES OVER 1 YEAR (CHEMICAL CASTRATION ACCEPTED) WILL BE ACCEPTED FOR BOARDING. NO IN-SEASON BITCHES WILL BE ACCEPTED FOR BOARDING.

**VACCINATIONS**

YOU CONFIRM AND CAN PROVIDE PROOF THAT YOUR DOG IS FULLY INOCULATED AGAINST DISTEMPER, HEPATITIS, PARVOVIRUS, PARAINFLUENZA, LEPTOSPIROSIS AND KENNEL COUGH. TITRE TESTING IS ACCEPTED BUT A CERTIFICATE WOULD BE REQUIRED. IF YOU ARRIVE WITHOUT THESE, WE WILL NOT BE ABLE TO ACCEPT YOUR ANIMAL AND FULL BOARDING FEES WOULD STILL BE DUE. YOUR DOG MUST BE FULLY UP TO DATE WITH THEIR FLEA AND WORM TREATMENT.

**GENERAL**

YOUR PET MUST BE ALSO WEARING AND IDENTITY TAG WITH THEIR DETAILS ON IT. YOU DOG CAN ALSO WEAR A TAG WHIST STAYING WITH US WITH CATHERINE ADAMS DETAILS ON. PLEASE LET THIS BE KNOWN IF YOU REQUIRE THIS. ALL ANIMALS SHOULD ARRIVE WITH THEIR OWN BEDDING, (BLANKET PREFERRED), FOOD AND GROOMING MATERIALS. ALL PETS ACCEPTED AT OWNERS RISK. A CONDITION OF BOARDING IS THAT YOUR DOG IS IN GOOD HEALTH. WHILST WE PRIDE OURSELVES ON THE STANDARD OF CARE AND ATTENTION YOUR PET WILL RECEIVE, WE CANNOT ACCEPT RESPONSIBILITY FOR THE LOSS, DAMAGE OR DEATH OF YOUR ANIMAL OR POSSESSIONS. IF YOUR PET REQUIRES A PRESCRIBED DIET, MEDICATION OR INJECTION WE ARE HAPPY TO PROVIDE THIS SERVICE FREE OF CHARGE.

PET SITTER INFORMATION

PET NAME

MEALS

HOME ALONE

BEDTIME

OTHER

SOCIALNESS

REPORT CARD

SUBJECT ARRIVAL SCORE OUT OF 10 DEPARTURE NOTES

 (10 being the best - 1 being the worst)

PLAYING

SLEEPING

EATING

BARKING

TOILETING

SOCIALNESS

REACTIVENESS

DESTRUCTION

HOUSE BEHAVIOUR

GENERAL MANNERS

A+ = 97-100% C+ = 77-79% TOTAL:

A = 93-96% C = 73-76% GRADE:

A- = 90-92% C- = 70-72%

B+ = 87- 89% D+ = 67-69%

B = 83-86% D = 65-66%

B- = 80-82% F. = Below 65%