Mutts Manor – Home Boarding Agreement

We take the care of your dog seriously. We offer a Home Boarding service, which means your dog, will live and sleep in our home for the duration of his or her stay.

Please print the form and bring it with your dog when he/she comes to stay. Before boarding commences you must sign the form accepting all boarding terms and conditions and then sign again on collection of your dog to confirm that your dog is healthy and happy going home. If there is anything else we need to know about your dog please let us know on a separate page.

**Dogs Name**

**Drop off date and time:**

Drop off date and time:

Collection date and time:

Your Details

Name:

Address:

Home Phone: Mobile Phone:

Your Dogs Details

Name: Age:

Breed: Sex:

Does your dog have any fears or phobias? Yes/No

If yes please give details:

Has your dog ever bitten a person or other dog? Yes/No

If yes please give details:

Has your dog ever been bitten or attacked by another dog? Yes/No

If yes please give details:

Is your dog pregnant or possibly pregnant? Yes/No

**Collection date and time:**

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| --- |
| **Your Details** |
| **Name:** |  |
| **Address:** |  |
|  |
|  |
| **Home Phone:** |  | **Mobile Phone:** |  |
| **E-Mail Address** |  |  |  |

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| **Your Dogs Details** |
| **Name:** |  | **Age:** |  |
| **Breed:** |  | **Sex:** |  |
| Does your dog have any fears or phobias? | Yes/No |
| If yes please give details: |
| Has your dog ever bitten a person or other dog? | Yes/No |
| If yes please give details: |
| Has your dog ever been bitten or attacked by another dog? | Yes/No |
| If yes please give details: |
| Is your dog pregnant or possibly pregnant? | Yes/No |
| Do you give your permission for your dogs to mix with other dogs whilst staying with us | Yes/No |

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| **Medical and Diet** |
| What do you normally feed your dog and how often? |
| Does your dog have any medical issues or special needs that we should know about? If so please describe here: |
| Does your dog have any skin irritations, skin lumps or bumps? If so please describe here: |
| Is your dog allergic to anything? If so please describe here: |
| Anything else we need to know: |
| Does your dog walk off lead or on? |
| Do you give your permission to walk your dog off the premises whilst in our care |

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| **Your Vet Details** |
| Who is your vet? |  |
| address |  |
|  |  |
|  |  |
| Telephone no |  |

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| **Medical and Diet** |
| Contact **me** if my dog becomes ill while I’m away. | Yes/No |
| If YES answered give details of where you will be staying and phone numbers. |
| If NO please make sure Emergency contact details are provided below and inform your Emergency contact also. |

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| **Emergency Contact Person:** |
| **Name:** |  |
| **Address:** |  |
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|  |
| **Home Phone:** |  | **Mobile Phone:** |  |