

		DOG	RESERVAT	ION FORM			
OWNER'S NAME AND ADDRESS:				T NAME:			
					•		
			BRI	ED/TYPE:			
			AG	E/GENDER:			
			ARI	RIVAL DATE:			
HOME TELEF	PHONE NO:		AR	RIVAL TIME:			
MOB NO 1:				PARTURE DATE:			
MOB NO 2:			DEI	PARTURE TIME:			
EMERGENC\			ADI	DITIONAL INFORMA	ATION:		
VET'S NAME, ADDRESS AND TEL NO:				eg; any medication the dog is taking, food			
				tlmes/amounts & permission for dogs from			
				same household to sha	are a unit.		
FUTURE DAT	TES:						
CONDITIONS OF ACCEPTANCE OF DOGS  All dogs must have been vaccinated against distemper, hepatitis, leptospirosis and parvovirus.							
					o Kannal		
A certificate of inoculation must be produced when dropping off pets for boarding. We also advise the Kennel							
Cough interact between the months of April and September. Contact your vet for advice.  Boarding of dogs is agreed to with the understanding that if the dog is not collected within 14 days of the agreed							
				ech kennels have the aut			
	se rehome the do	-	ricars paid), Copperbe	son kennels have the au	lifority		
I agree to the abo	-	j.					
-				D. L.			
Signature Date							
DETAILS FO	R PAYING BY	BANK TRAN	SFER: SC	RT CODE 011001	A/C NO: 69	537798	
PLEASE QU	OTE YOUR SI	JRNAME AND	DOG'S NAME A	REFERENCE.			
(Please arra	nge for payme	nt to be made	3 days before col	ection of your dog)			
`							
		Inan	k you for book	ing with us			
For office use	•		ì		7		
Vaccination co	ert seen:		Expiry Date	:			
			•		<b>-</b>		
No of nights:			Cost Per Nigl	ıt·	Total :	Ī	
Paid Cash		Cheque:	Car		Total :		