

| DOG RESERVATION FORM | | | | | |
|---|--|---------------|-------|--|--|
| OWNER'S NAME AND ADDRESS: | | PET NAME: | | | |
| | | BREED/TYPE: | | | |
| | | AGE/GENDER: | | | |
| | | | | | |
| | | ARRIVAL DATE: | | | |
| HOME TELEPHONE NO: | | | | ARRIVAL TIME: | |
| MOB NO 1: | | | | DEPARTURE DATE: | |
| MOB NO 2: | | | | DEPARTURE TIME: | |
| EMERGENCY CONTACT | | | | ADDITIONAL INFORMATION: eg; any medication the dog is taking, food times/amounts & permission for dogs from same household to share a unit. | |
| VET'S NAME, ADDRESS AND TEL NO: | | | | | |
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| | | | | | |
| FUTURE DATES: | | | | | |
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| CONDITIONS OF ACCEPTANCE OF DOGS | | | | | |
| <p>All dogs must have been vaccinated against distemper, hepatitis, leptospirosis and parvovirus.</p> <p>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.</p> <p>Boarding of dogs is agreed to with the understanding that if the dog is not collected within 14 days of the agreed departure date (and any subsequent boarding fee arrears paid), Copperbeech kennels have the authority to sell or otherwise rehome the dog.</p> <p>I agree to the above conditions.</p> | | | | | |
| Signature Date | | | | | |
| DETAILS FOR PAYING BY BANK TRANSFER SORT CODE 401225 A/C NO: 42403021 PLEASE QUOTE YOUR SURNAME AND DOG'S NAME AS REFERENCE. (Please arrange for payment to be made 3 days before collection of your dog) | | | | | |
| Thank you for booking with us | | | | | |
| For office use only: | | | | | |
| Vaccination cert seen: | | | | | |
| No of nights: | | | | Total : | |
| Paid Cash: | | Cheque: | Card: | B.Trans | |

