

	DOG INES	ERVATIO	N FORIVI		
OWNER'S NAME AND ADDRESS:		DOG'S NAM	ΛE:		
		BREED:			
		AGE/GEND	ER:		
		NEUTERED/SPAYED:		YES	/ NO
HOME TELEPHONE NO:		ARRIVAL D	ATE:		
MOB NO 1:		ARRIVAL T	IME:		
EMAIL (OPTIONAL) :		DEPARTURE DATE:			
EMERGENCY CONTACT		DEPARTUR	DEPARTURE TIME:		
AND NAME:					
VET'S NAME, ADDRESS AND TEL NO:		ADDITIONAL INFORMATION: Please tick as appropriate			
			Consent to walk dog of		-
			from kennels if suitab My dog is insured	ole at discretion of C	Copperbeech
		My dog is up to date with parasite treatment			
FUTURE DATES:		Anything else you feel would help us look after your pet in the best way possible e.g. any restrictions on exercise, issues with other dogs or people.			
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MEDICAL REQUIREMENTS		FEEDING RI	EQUIREMENTS		
		Wet food	Dry food	Combination	
		Once daily	Twice daily	Grazer	am/pm
		Own food	,		•
CONDITIONS OF ACCEPTANCE OF DOGS					
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All dogs must have been vaccinated	d against distemper, hepatitis, lepto	ospirosis & parvov	irus. A certificate of inoc		
dropping off pets for boarding. We	d against distemper, hepatitis, leptodo not insist on the Kennel Cough in	ospirosis & parvov	irus. A certificate of inoc e months of April & Sept	tember but please o	contact vet for
	d against distemper, hepatitis, lept do not insist on the Kennel Cough in to contact the owner/emergency co	ospirosis & parvov nteract between th ontact in the event	irus. A certificate of inoc e months of April & Sept of a medical issue. If a	tember but please of visit to the vet is re-	contact vet for quired the kennel
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