



# Booking Form & Welfare Record **DOG**

Dog  
Passport Photo  
Stick Here  
(Kophill will arrange)

**Complete and Return with your 50% deposit to:**  
Kophill Corner, Kophill, Princes Risborough, Bucks, HP27 0LB.  
www.kophillcorner.com

## BOOKING INTO KOPHILL

We have the welfare of your animal as a top priority at Kophill, to achieve this it is important that we know as much as possible about the character, condition and traits of your animal. Nobody understands your animal like you, so help us to know more to cater for your pet to the best of our ability.

## COMPLETING THE BOOKING FORM

Please complete the form in **block capitals** and provide as much details as you can. Ensure the form is received with your booking deposit for which a receipt will be given and deducted from your total stay payment.

## THE USE OF THIS FORM

The form is designed to ensure that we have complete details always to hand when caring for your animal. The form provides immediate access to information when tending to your animal. A 50% deposit is taken which is non-refundable if the booking is cancelled under 4 weeks April through August and under 6 weeks at other times. By signing this form you undertake to accept these terms. Subsequent stays: We will hold this form on file and subsequent stays assume the continued acceptance of the terms and conditions covered herein. Changes of rates will be notified prior to boarding.

## PERSONAL DETAILS

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Colour \_\_\_\_\_  
M/F Circle Neutered? Y/N Circle Age \_\_\_\_\_ Intact Female last heat date? \_\_\_\_\_

Owners Name \_\_\_\_\_ Home address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Dates Boarding \_\_\_\_\_ to \_\_\_\_\_

Tel \_\_\_\_\_ Emergency/mobile \_\_\_\_\_

## EMERGENCY DETAILS

Pets Vet Practice \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Tel \_\_\_\_\_

Emergency family contact: Name \_\_\_\_\_ Tel \_\_\_\_\_

## INNOCULATIONS

The following inoculations are a condition of boarding: Up to date certificates will be required and retained. Tick to confirm inoculation and up to date booster where required.

Parainfluenza

Distemper

Parvovirus

Leptosporosis

Hepatitis

### Office use only

Checked  Initials \_\_\_\_\_

Checked  Initials \_\_\_\_\_

Checked  Initials \_\_\_\_\_

Checked  Initials \_\_\_\_\_

Checked  Initials \_\_\_\_\_

Checked  Initials \_\_\_\_\_

RETAIN CERTIFICATES IN ANIMALS FILE

## PASSPORT or PHOTO LICENCE ID

Sadly there has been an increase in unscrupulous persons dumping animals in boarding facilities to get rid of them under the pretence of boarding. The supposed owners never return and cannot be traced. Any caring owner will help us eradicate this practice, IF WE DON'T KNOW YOU, PLEASE BRING A PHOTO LICENCE OR PASSPORT FOR YOUR FIRST VISIT.

Checked  Initials \_\_\_\_\_  
satisfactory

## MEDICAL HISTORY

Please provide as much information as possible:

Is your animal on any medication? Yes  No   
If yes detail

Name	Dosage	How normally given

Does your dog have any condition/s we should be aware of? If so please explain below.

Would you say your animal had a sensitive stomach? Yes  No

## WHAT YOU KNOW-what we need to know

What does your animal like and dislike? How are they with other animals, what habits and quirky behaviour do they have etc?

On a confidence scale from 1 to 10 mark where your animal sits

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_

Does your animal tolerate grooming?	Easily	<input type="checkbox"/>	Badly	<input type="checkbox"/>	Unpredictable	<input type="checkbox"/>
Does your animal like or dislike water?	Like	<input type="checkbox"/>	Dislike	<input type="checkbox"/>	Tolerates	<input type="checkbox"/>
Is your Dog generally wary of strangers	Very	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Unusual	<input type="checkbox"/>
Is your Dog playful with other like sized animals (This is of interest in managing walking and supervised play)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Tell us a few key things to give an idea of personality:-

## HANDOVER to Kophill

Office use only

Animal boarded at \_\_\_\_\_ Time \_\_\_\_\_ Checked in by \_\_\_\_\_

Health Notes: \_\_\_\_\_

Signed Owner or Owner's representative \_\_\_\_\_ Date \_\_\_\_\_

## RETURN

Office use only

Animal returned at \_\_\_\_\_ Time \_\_\_\_\_ Checked out by \_\_\_\_\_

Animal in good health and condition

Signed Owner or Owner's representative \_\_\_\_\_ Date \_\_\_\_\_

## AGREEMENT

We the owner (named overleaf) board our animal with Kophill having read the terms and conditions of boarding as covered in the boarding prospectus. We agree to pay the stated rates of £ \_\_\_\_\_ per day or part of day (includes collection and delivery days) minus the 50% non refundable deposit paid. Dogs are accepted on the condition that they are not suffering from any infectious condition, and that proof is produced that all its inoculations are up to date. Any hair loss, lesions or sores will require a letter from the animals vet prior to admission. All reasonable steps are taken to ensure the safety and well-being of the Dog during its stay, but no responsibility or liability of any kind shall be held to attach to the proprietors or other owners/occupiers of these premises for any accident or misadventure that may befall.

Special agreed services: \_\_\_\_\_

**Veterinary emergencies:** We the owner/s understand that in an emergency the veterinary surgeon serving Kophill (unless we can access your normal Vet easily) will be called and that all costs arising from such treatment will be added to the boarding bill, or settled direct at your own Vet.

Signed : Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## FEEDING

Please indicate the quantity and frequency you feed your animal normally below

We try and retain your Dog's normal digestive schedule as best as we can to avoid upsets and keep normal routines and feed your Dog with food provided and measured for the stay.

Food supplied

Amount given: \_\_\_\_\_

Owners Comments about eating, treats, times etc...

## WELFARE DAILY DIARY-OBSERVATIONS (for us)

Office use only

	MORNING			AFTERNOON		
	Urine	Stool	Food/Drink	Urine	Stool	Food/Drink
Sun						
Mon						
Tues						
Wed						
Thurs						
Friday						
Sat						
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						
Mon						
Tues						
Wed						

Observations/Comments