



K9 FRIENDS REGISTRATION FORM

DATES OF DOG'S STAY.....

NAME OF DOG 1.....**AGE**.....

SEX AND BREED OF DOG 1

NAME OF DOG 2**AGE**.....

SEX AND BREED OF DOG 2.....

NAME OF OWNER.....

ADDRESS.....

POST CODE.....**EMAIL**.....

TELEPHONE NUMBERS WHICH WILL BE IN USE WHILE YOU ARE TRAVELING:-

MOB 1.....**MOB 2**.....

IS YOUR DOG/S ON ANY MEDICATION YES OR NO.....If yes please Detail in the box below.

IN THE BOX BELOW PLEASE DETAIL SUCH INFORMATION AS;- MEDICATION, ANYTHING YOUR DOG IS PARTICULARLY FRIGHTENED OF, ANY ALLERGIES, AND ANY NEW BEHAVIOURAL TRAITS. PLEASE PROVIDE A SEPARATE SHEET OF NOTES IF NECESSARY ON CHECK-IN

NOTES

What time does your dog normally eat at home.....

What does your dog normally eat? Please name the food brands.....

Measurement of food, ie one scoop /half scoop or weight in kilograms.....

Confirmation your dog can be let off the lead on walks **YES**.....**NO**.....

Name & Address of Vet.....

Emergency contact for use in the unlikely event I become incapacitated during your dog's stay with me. This person has agreed to take your dog in a worst-case scenario.

NAME.....

Address.....

Contact Tel no.....

Date and time of Trial Familiarisation period.

PLEASE SIGN HERE**DATE**.....