



## Residential Training Application Form

Please complete each section of the form and return  
by email [riverggins@outlook.com](mailto:riverggins@outlook.com)

Before a residential placement commences, we recommend that you visit us,  
so we can meet you both, assess your requirements and for you to view our facilities

### 1.Booking Request

Requested Residential Training start date –	
Estimated Duration of training - *we suggest a week for the dog to settle into its new routine and surroundings	

### 2.Owners Details

Name -	
Address -	
Contact No. -	
Email –  *Please tick the box if you wish to be included in Riverggins updates & offers	<input type="checkbox"/>

### 3.Additional Emergency Contacts

(friends or family members from a different household)

1 <sup>st</sup> Contact Name -		Contact No. -	
2 <sup>nd</sup> Contact Name -		Contact No. -	



## 4. Dogs Details

<b>Name -</b>	
<b>Breed -</b>	
<b>Colour - Markings -</b>	
<b>Sex -</b>	
<b>Is your dog Spade/Neutered?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>When was Bitch last in season (approx.)?</b> *please note this may affect training during their season	
<b>DOB -</b>	
<b>Weight- (approx.)</b>	
<b>Chip No.</b>	

## 5. Health

<b>Your dog's Veterinary Practice –</b>  <b>Address:</b>  <b>Contact Number -</b> *I consent to Riverggins using their own adapted (crated) vehicle to transport my dog to a local Veterinary practice for any medical treatment.	Yes <input type="checkbox"/> <span style="margin-left: 100px;">Terrington St Clements Vets</span>
<b>Annual vaccination expiry -</b>	<b>Date:</b>
<b>Has your dog been vaccinated for Kennel Cough?</b> *If NO - Please ensure your dog is treated a minimum of 14 days before initial assessment at Riverggins. <b>Expiry of treatment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Date:</b>
<b>Please provide expiry date of Tick/Flea treatment.</b>	<b>Date:</b>
<b>Please provide expiry date of Worming treatment.</b>	<b>Date:</b>
<b>Does your dog have any allergies or sensitivities?</b> If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is your dog receiving any regular medication?</b> If yes, please give full accurate details of what is required (times & dosage etc.) *All medication will need to be signed in by a member of staff on arrival	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has your dog ever sustained a serious injury that we should be made aware of, especially if this can be aggravated by training and exercise</b> If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are you happy for your dog's nails to be maintained by us during their stay?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>



## 6. Insurance

<b>Is your dog insured?</b> please check your insurance covers residential training	Yes <input type="checkbox"/> No <input type="checkbox"/>
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## 7. Behaviour

<b>Has your dog ever shown <u>any signs</u> of aggression?</b>  If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has your dog been socialised regularly with other dogs?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has your dog been Kennelled before?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is your dog house trained?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>How many dogs in your household and what breed?</b>	
<b>Are you happy for your dog to be exercised/trained with other dogs in our care?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 8. Diet

Please provide your dog's food for the duration of their stay.

We suggest you supply some extra food to take into account your dog's additional exercise whilst training with us.

\*It is important that your dog continues its usual diet during their stay with us.

<b>Brand of Food? -</b> *Bowls will be provided			
<b>Other dietary instructions –</b>			
<b>What time/s is your dog usually fed? -</b>	<b>Morning</b>	<b>Lunchtime</b>	<b>Evening</b>
<b>Food quantity? -</b> *please leave your measuring container with us			
<b>Are you happy for your dog to receive treats, biscuits, Bonio, antlers, bones, Dentastix etc?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		



## 9.Routine

Please describe your dog's usual daily routine  
(exercise, walking, time left on its own etc)

## 10.Dog Assessment

Please score the following from 1-10, with 1 being poor and 10 being excellent. Additional information is also helpful.

	Score	Comments
Walking to Heel on the Lead -		
Walking to Heel off the Lead -		
General Obedience -		
Retrieving -		
Recall -		
Hunting -		

## 11.Desired End Goals for your dog

Please briefly describe your desired goals for your dog (such as beating, picking up or to trial, basic or advanced obedience etc)



## 12.Pricing

<p><b>Residential Training is charged at £250 per week</b> <b>*Excluding food – food can be provided at an additional cost</b></p> <p><b>Payment – Paid Fortnightly commencing on the day of your dog's arrival</b></p> <p><b>Payment Reference:</b> use your dog's name/your surname Due to Covid we prefer direct online payments, but also accept debit cards, cheques and cash. *Please ensure you have returned a signed copy of our terms and conditions which contains details about deposits and refunds</p>
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## 13.Information to be sent to Riverggins in advance

<p><b>A copy of an up to date annual vaccinations (found on your pet's treatment card)</b></p> <p><b>A copy of Kennel Cough Treatment</b></p> <p><b>Copy of Pedigree (optional)</b></p>
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## 14.Other information

<b>Where did you hear about us? Please put a 'X' where applicable</b>					
<b>A Previous Client of Riverggins</b>	<input type="checkbox"/>	<b>Facebook</b>	<input type="checkbox"/>	<b>Instagram</b>	<input type="checkbox"/>
<b>Word of mouth</b>	<input type="checkbox"/>	<b>Google</b>	<input type="checkbox"/>	<b>Other (please specify)</b>	<input type="checkbox"/>

<b>Are you happy for your dog to feature on our social media platforms?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Have you read and accepted our terms and conditions</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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## 15. Sign & Date

<b>Signature:</b>	<b>Date:</b>
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Please send your completed form by email to: [riverggins@outlook.com](mailto:riverggins@outlook.com)