**Residential Training Application Form**

**Please complete each section of the form and return
by email** **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**

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| --- | --- |
| **Requested Residential Training start date –** |       |
| **Estimated Duration of training -** |          |

**2.Owners Details**

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| --- | --- |
| **Name -** |         |
| **Address -** |                           |
| **Contact No. -** |         |
| **Email –****\*Please tick the box if you wish to be included in Riverggins updates & offers** |        [ ]   |

**3.Additional Emergency Contacts**

**(friends or family members from a different household)**

|  |  |  |  |
| --- | --- | --- | --- |
| **1st Contact Name -**  |          | **Contact No. -** |          |
| **2nd Contact Name -** |          | **Contact No. -** |          |

**4.Dogs Details**

|  |  |
| --- | --- |
| **Name -** |       |
| **Breed -**  |       |
| **Colour -****Markings -** |            |
| **Sex -**  |       |
| **Is your dog Spade/Neutered?** | Yes [ ]  No [ ]  |
| **When was Bitch last in season (approx.)? \*please note this may affect training during their season**  |       |
| **DOB -** |       |
| **Weight- (approx.)** |       |
| **Chip No.** |       |

**5.Health**

|  |  |
| --- | --- |
| **Your dog’s Veterinary Practice –****Address:****Contact Number -\*I consent to Riverggins using their own adapted (crated) vehicle to transport my dog to a local Veterinary practice for any medical treatment. Vets One – Downham Market** |                     Yes [ ]    |
| **Annual vaccination expiry -** | **Date:**       |
| **Has your dog been vaccinated for Kennel Cough? \*If NO - Please ensure your dog is treated a minimum of 14 days before initial assessment at Riverggins.** **Expiry of treatment?**  | Yes [ ]  No [ ] **Date:**       |
| **Please provide expiry date of Tick/Flea treatment.** | **Date:**      **Brand:**       |
|  |  |
| **Please provide expiry date of Worming treatment.**  | **Date:**      **Brand:**       |
| **Does your dog have any allergies or sensitivities?****If yes, please give details** | Yes [ ]  No [ ]          |
| **Is your dog receiving any regular medication?****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 [ ]  No [ ]           |
|  |  |
| **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** **If yes, please give details** | Yes [ ]  No [ ]           |
| **Are you happy for your dog’s nails to be maintained by us during their stay?**  | Yes [ ]  No [ ]  |

**6.Insurance**

|  |  |
| --- | --- |
| **Is your dog insured?** **please check your insurance covers residential training**  | Yes [ ]  No [ ]  |

**7.Behaviour**

|  |  |
| --- | --- |
| **Has your dog ever shown any signs of aggression?** **If yes, please give details** | Yes [ ]  No [ ]            |
| **Has your dog been socialised regularly with other dogs?** | Yes [ ]  No [ ]  |
| **Has your dog been Kennelled before?**  | Yes [ ]  No [ ]  |
| **Is your dog house trained?**  | Yes [ ]  No [ ]  |
| **How many dogs in your household and what breed?** |           |
| **Are you happy for your dog to be exercised/trained with other dogs in our care?** | Yes [ ]  No [ ]  |

**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.**

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

**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**

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

**12.Pricing**

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| --- |
| **Residential Training is charged at £330 per week****\*Excluding food – food can be provided at an additional cost****Payment Reference**: use your dog’s name/your surnameDue 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 |

**13.Information to be sent to Riverggins in advance**

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| --- |
| **A copy of an up to date annual vaccinations (found on your pet’s treatment card)****A copy of Kennel Cough Treatment****Copy of Pedigree (optional)** |

**14.Other information**

|  |
| --- |
| **Where did you hear about us? Please put a ‘X’ where applicable** |
| **A Previous Client of Riverggins** | [ ]  | **Facebook** | [ ]   | **Instagram** | [ ]   |
| **Word of mouth** | [ ]   | **Google** | [ ]   | **Other (please specify)** |  [ ]         |

|  |  |
| --- | --- |
| **Are you happy for your dog to feature on our social media platforms?** | Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| **Have you read and accepted our terms and conditions** | Yes [ ]  No [ ]  |

**15. Sign & Date**

|  |  |
| --- | --- |
| **Signature:**       | **Date:**       |

**Please send your completed form by email to:** riverggins@outlook.com