**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 -** |  |

**2.Owners Details**

|  |  |
| --- | --- |
| **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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

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

**12.Pricing**

|  |
| --- |
| **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 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 |

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

|  |
| --- |
| **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](mailto:riverggins@outlook.com)