

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

1.Dooking 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)				
1 st Contact Name -	Contact No			
2 nd Contact Name -	Contact No			

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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.He	ealth
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	Yes
for any medical treatment. Vets One – Downham Market	
Annual vaccination <u>expiry</u> -	Date:
Has your dog been vaccinated for Kennel	Yes No
Cough?	
*If NO - Please ensure your dog is treated a minimum of	
14 days before initial assessment at Riverggins.	Date:
Expiry of treatment?	Data
Please provide <u>expiry</u> date of Tick/Flea treatment.	Date: Brand:
treatment.	bialiu.
Please provide expiry date of Worming	Date:
treatment.	Brand:
Does your dog have any allergies or	Yes No
sensitivities?	
If yes, please give details	
Is your dog receiving any regular medication?	Yes No
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	
Has your dog ever sustained a serious injury	Yes No
that we should be made aware of, especially if	
this can be aggravated by training and exercise	
If yes, please give details	
Are you happy for your dog's nails to be	Yes No

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maintained by us during their stay?

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6.Insurance

Is your dog insured?	Yes No]	
please check your insurance covers residential training			
7 Rob	aviour		
/.ben	aviour		
Has your dog ever shown any signs of	Yes No]	
aggression?			
If yes, please give details			
Has your dog been socialised regularly with	Yes No]	
other dogs?			
Has your dog been Kennelled before?	Yes No	7	
rias your dog been keimened before:	res 🗀 No 🗀	J	
Is your dog house trained?	Yes No]	
How many dogs in your household and what breed?			
bieeu:			
Are you happy for your dog to be	Yes No		
exercised/trained with other dogs in our care?			
8.0	iet		
Please provide your dog's food for the duration o		d = =/= = dd:#:====	
We suggest you supply some extra food to take in training with us.	ito account your	dog s additional	exercise whilst
*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 day you like fold?	D.4. a. u	1	F
What time/s is your dog usually fed? -	Morning	Lunchtime	Evening
Food quantity? -			
*please leave your measuring container with us		ר	
Are you happy for your dog to receive treats, biscuits, Bonio, antlers, bones, Dentastix etc?	Yes L No L	J	
biscuits, buillo, antiers, bulles, Dentastix etc?			
1	i		

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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 1-1 information is also helpful.	10, with 1 b	eing poor and 10 being excellent. Additional		
	Score	Comments		
Walking to Heel on the Lead -				
Walking to Heel off the Lead -				
General Obedience -				
Retrieving -				
Recall -				
Hunting -				
11.Des	ired End	Goals for your dog		
Please briefly describe your desire basic or advanced obedience etc)	ed goals for	your dog (such as beating, picking up or to trial,		

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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? I	Please put a 'X' w	here 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 Yes No						
Are you happy for your dog to feature on our social media platforms? Yes No Social Media platforms?						
Have you read and accepted our terms and Yes No conditions						
15. Sign & Date						
Signature:		Date:				
			11.	rains@outlook co		

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

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