**Training Holiday Application Form**

**Please complete a form per dog you wish to kennel. Answer each section of the form accurately & honestly,**

**sign & date and return by hand or email -** **riverggins@outlook.com**

**1.Booking Request
\*This is a customer request not a confirmation of your booking**

|  |  |
| --- | --- |
| **Drop Off:** | Date:      Time AM [ ]  PM [ ]   |
| **Collection:**  | Date:       Time AM [ ]  PM [ ]    |

**2.Owners Details**

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

**3.Dogs Details**

|  |  |
| --- | --- |
| **Name:** |        |
| **DOB:** |        |
| **Breed:** |        |
| **Colour:****Markings:** |              |
| **Sex:**  |        |
| **Is your dog Spade/Neutered?** | Yes [ ]  No [ ]  |
| **When was Bitch last in season (approx.)?** **\*We may not be able to accommodate your bitch at Riverggins whilst she is in season.**  |         |
| **Weight- (approx.)** |        |
| **Chip No.** |        |

**4.Secondary Emergency Contacts**

**\*Friend or family members from a separate household**

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

**5.Health**

|  |  |
| --- | --- |
| **Your dog’s Veterinary Practice -** |         |
| **Address:****Contact Number -\*I consent to Riverggins using their own local Veterinary practice for any medical treatment required by my dog** |                        Yes [ ]  Terrington St Clements Vets  |
| **Annual vaccination/booster expiry -** | Date:         |
| **Has your dog been vaccinated for Kennel Cough? \*If NO - Please ensure your dog is treated a minimum of 14 days before arrival at Riverggins.** **Expiry of treatment?**  | YES [ ]  NO [ ] Date:        |
| **Please provide brand & expiry date of Tick/Flea treatment.** | Brand:      Date:        |
|  |  |
| **Please provide brand & expiry date of Worming treatment**  | Brand:      Date:        |
| **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 [ ]            |
|  |  |

**6.Insurance**

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| --- | --- |
| **Is your dog insured?** **\*Please check your insurance covers boarding kennels** | 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 [ ]  |
| **How many dogs in your household and what breeds?** |          |
| **Are you happy for your dog to be exercised/trained with other dogs in our care?** | YES [ ]  NO [ ]  |
| **Is your dog fearful of anything? i.e., thunder, fire engines, fireworks etc.****If yes, please give details:** | YES [ ]  NO [ ]          |
| **Is your dog a heavy chewer or likely to chew beds or bedding** | Yes [ ]  No [ ] If yes, please provided your own bedding.Any damaged caused by your dog during their stay will be charged. |

**8.Routine**

|  |  |
| --- | --- |
| **Please describe your dog’s usual daily routine****(Exercise, walking, time left on its own etc)**                 |         |

**9.Training
My dog requires training in the following areas**

|  |  |
| --- | --- |
| **Lead work** | [ ]  |
| **General Obedience** | [ ]  |
| **Recall** | [ ]  |
| **Training alongside other dogs** | [ ]  |
| **Retrieving**  | [ ]  |
| **Sit & Stay** | [ ]  |
| **‘Leave’ command** | [ ]  |
| **Other (please specify)** |       |

**10.Diet
Please provide your dog’s food for the duration of their stay.****\*It’s 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 [ ]       |

**11.Pricing**

|  |
| --- |
| **£48****per dog per day**Dogs will be charged per calendar day i.e. You will be charged forthe day your dog arrives, to the day your dog is collected.**When your requested booking dates are confirmed by us, we will require a 10% deposit. Bookings are non-transferable or refundable****Payment of the remaining balance will be due prior to collection of your dog.**Payment Reference: Please use your ***dog’s name/your surname***\*Due to Covid we prefer direct online payments,but also accept cash. |

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

|  |
| --- |
| * **A completed copy of this form signed and dated.**
* **A copy of your dog’s up to date annual vaccinations (found on your pet’s treatment card)**
* **A copy of your dog’s up to date Kennel Cough Treatment**
* **50% deposit, to confirm your booking**
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**13. 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/s to feature on our social media platforms?****Have you read and accepted our terms & conditions?** | YES [ ]  NO [ ] YES [ ]  NO [ ]  |

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

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