**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**](mailto: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 for  the 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.**

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

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