



# 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 - rivergins@outlook.com

## 1.Booking Request

\*This is a customer request not a confirmation of your booking

<b>Drop Off:</b>	Date: Time AM <input type="checkbox"/> PM <input type="checkbox"/>
<b>Collection:</b>	Date: Time AM <input type="checkbox"/> PM <input type="checkbox"/>

## 2.Owners Details

<b>Name:</b>	
<b>Contact No:</b>	
<b>Name:</b>	
<b>Contact No:</b>	
<b>Home Address:</b>	
<b>Email Address:</b>	
*Please tick the box if you wish to be included in Rivergins updates & offers	<input type="checkbox"/>

## 3.Dogs Details

<b>Name:</b>	
<b>DOB:</b>	
<b>Breed:</b>	
<b>Colour:</b> <b>Markings:</b>	
<b>Sex:</b>	
<b>Is your dog Spade/Neutered?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>When was Bitch last in season (approx.)?</b> *We may not be able to accommodate your bitch at Rivergins whilst she is in season.	
<b>Weight- (approx.)</b>	
<b>Chip No.</b>	



## 4.Secondary Emergency Contacts

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

1 <sup>st</sup> Contact Name -		Contact No. -	
2 <sup>nd</sup> 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 <input type="checkbox"/> Terrington St Clements Vets
Annual vaccination/booster <u>expiry</u> -	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. <u>Expiry of treatment?</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>  Date:
Please provide brand & <u>expiry date</u> of Tick/Flea treatment.	Brand: Date:
Please provide brand & <u>expiry date</u> of Worming treatment	Brand: Date:
Does your dog have any allergies or sensitivities? If yes, please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>



## 6. Insurance

<b>Is your dog insured?</b> *Please check your insurance covers boarding kennels	YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--

## 7. Behaviour

<b>Has your dog ever shown <u>any signs</u> of aggression?</b>  If yes, please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Has your dog been socialised regularly with other dogs?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Has your dog been kennelled before?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>How many dogs in your household and what breeds?</b>	
<b>Are you happy for your dog to be exercised/trained with other dogs in our care?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Is your dog fearful of anything? i.e., thunder, fire engines, fireworks etc.</b> If yes, please give details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Is your dog a heavy chewer or likely to chew beds or bedding</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provided your own bedding. Any damaged caused by your dog during their stay will be charged.

## 8. Routine

<b>Please describe your dog's usual daily routine</b> (Exercise, walking, time left on its own etc)
--



## 9.Training

My dog requires training in the following areas

Lead work	<input type="checkbox"/>
General Obedience	<input type="checkbox"/>
Recall	<input type="checkbox"/>
Training alongside other dogs	<input type="checkbox"/>
Retrieving	<input type="checkbox"/>
Sit & Stay	<input type="checkbox"/>
'Leave' command	<input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>	

## 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 Rivergins 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

## 13. Other information

Where did you hear about us? Please put a 'X' where applicable					
A Previous Client of Rivergins	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Instagram	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>	Google	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Are you happy for your dog/s to feature on our social media platforms?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you read and accepted our terms & conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Signature:	Date:
------------	-------

Please send your completed form by email to: [rivergins@outlook.com](mailto:rivergins@outlook.com)