

Information Booking Sheet

Owners Details:

1st Owners Name:

Mobile Number:

2nd Owners Name:

Mobile Number:

Address:

Home Number:

Email Address:

1st Alternative Contact:

Mobile Number:

2nd Alternative Contact:

Mobile Number:

Vet:

Vet's Phone Number:

Dogs Details:

1st Dogs Name:

2nd Dogs Name:

Breed:

Colour:

Breed:

Colour:

Sex:

Male

Female

Sex:

Male

Female

Desexed:

Yes

No

Desexed:

Yes

No

Date of Birth or Age:

Date of Birth or Age:

Has your dog been in a kennel before?

Yes

No

Has your dog been in a kennel before?

Yes

No

Which of these characteristics would describe your dogs personality (tick all that's applicable.)

Friendly sociable timid shy
 Mildly aggressive independent anxious
 Territorial boisterous independent

Which of these characteristics would describe your dogs personality (tick all that's applicable.)

Friendly sociable timid shy
 Mildly aggressive independent anxious
 Territorial boisterous independent

Dogs Details continued:

1st Dogs Name:

2nd Dogs Name:

How does your dog interact with others?

Well Not well

How does your dog interact with others?

Well Not well

How does your dog react to strangers?

Well Not well

How does your dog react to strangers?

Well Not well

Do you want your dog socialised with others?

Yes No

Do you want your dog socialised with others?

Yes No

Are there any behavioural tendencies the kennel staff should know about? i.e tries to bite handler when being led by hand at the collar?

No Yes (write details below)

Are there any behavioural tendencies the kennel staff should know about? i.e tries to bite handler when being led by hand at the collar?

No Yes (write details below)

Does your dog suffer from any medical conditions i.e. skin allergies, excessive eye weeping or had medical treatment we should know about

No Yes (write details below)

Does your dog suffer from any medical conditions i.e. skin allergies, excessive eye weeping or had medical treatment we should know about

No Yes (write details below)

Does your dog suffer from separation anxiety?

No Yes (write details below)

Does your dog suffer from separation anxiety?

No Yes (write details below)

Booking Details:

Drop Off Day: Date: 10:00am - 11:00am 4:00pm - 5:00pm
(Please tick a drop off time)

Pick Up Day: Date: 10:00am - 11:00am 4:00pm - 5:00pm
(Please tick a pick up time)

Total number of days:

Te Amo Kennels will not be held responsible for any loss, injury incurred or event regarding your dog while staying with us.

All bedding/baskets must be marked clearly. We wash bedding frequently, so please mark it permanently. We can not be held responsible for loss or damage to these items, including toys.

Should we decide, at our discretion, that veterinary advice or treatment is necessary, you authorise Te Amo Kennels to obtain such advice and/or treatment from a veterinarian of our choice and that the dogs owners are liable for vet fees incurred, plus a \$20 time/transport cost per visit, to the vet.

I agree to the terms and conditions set out above.

Name: _____ Date: _____

Signed: _____

Office Use:

Vaccinations:

Leptospirosis:

Vanguard +5:

Kennel Cough:

How did you hear about us?

Yellow Pages Vet Word of mouth Friend Other