

Canine Castle Ltd

Pet Information Form

**Please fill out one form for each pet so that we may provide the best possible care for your pet.*

Owner's Name	
Address	
Contact No (emergency)	
Pet's Name	
Age	
Breed	
Vets Name& No	
Date of Last Vaccination	
Micro chipped (if yes chip number)	
Spayed/neutered	
If NOT spayed date of last season Bitch in season (If she comes into season whilst at Canine Castle she will have to be kennelled, ref: T & C 11)	
Insurance- Company and Policy number(s)	
Medication	
Length of stay	
Drop off date &time	
Collection date & Time	
Home Collection Time	

Home Drop off time	
Exercise required How often and for how long?	
Walks on/off lead	
Recall off the lead (Commands used)	
What commands does your dog know: eg: heel, come, stop, sit, stop, particular pitch of voice etc	
Does your dog pull hard on a lead	
Is he likely to jump up at people	
Does your dog have any aggressive tendencies towards other animals or people	
Has your dog ever bitten or has he/she ever been bit, if yes please give details	
Has your had a dog control notice put on it, in accordance with the Control of Dogs (Scotland) Act 2010	
Is your dog possessive or protective over food, chews, toys, collar etc	
Is your dog house trained	
Feeding times and quantities and specific Instructions. (Please ensure sufficient food is left for the whole stay)	
Treats	
Likes /Dislikes	

Additional Information	
e.g. likes to chase sheep, particular chews, doesn't like getting ears tickled	

**This form will be kept on file for all future visits. If anything changes, you will need to inform us to enable us to change this information.*

Canine Castle- Consent Form

Pet Name:

I hereby confirm I am the owner of the above named pet and from this date forward authorise Canine Castle to act as guardian during my absence and take any action they consider suitable, in order to protect and keep the dog in good health whilst in their care. I confirm that I will be responsible for any costs which might be incurred, either veterinary or other, as a result of sickness, accident or accidental damage caused to or by the above named pet including third party liability and I will pay for any such cost or expense on demand Canine Castle accepts no liability for the above.	Owner's Initials
I hereby agree to the terms and conditions given by Canine Castle and attached to this consent form.	Owner's Initials
Canine Castle requires a 25% deposit payable on booking a home boarding stay. I understand this deposit is non-refundable. I also understand that if I cancel the stay on less than 24 hours notice I shall be required to pay the full charge for the whole stay.	Owner's Initials
In the event of an accident/euthanasia do you wish to be notified whilst you are away (Delete as appropriate) Yes / No	Owner's Initials
Due to the nature of the home boarding environment, I understand that my dog will come into contact with other dogs whilst in the care of Canine Castle. I do give permission for my dog(s) to be kept in same room/area with other dogs/resident dogs at night or whilst left in the	Owner's Initials

<p>garden area or Doggy Dorm, (subject to familiarization).</p> <p>In consenting to this I understand that there are additional risks as the dogs are not separated/caged.</p>	
<p>I do give my consent for my dog(s) to be exercised off the lead, on the whole of Craufurdland Estate including in the woods and the pastures on the estate, whilst in Care of Canine Castle.</p> <p>In consenting to this I accept that there unavoidable hazards and risks when the dogs are exercised off the lead in an unsecured area.</p>	Owners Initials
<p>I do give my permission for Canine Castle to use photos of my dog for our website</p>	Owners Initials

I agree to the above terms of as indicated by my initials in this form.

I, _____, have entered the above information as truthfully and accurately as possible and agree to the terms conditions listed below.

Client Signature

Date

Medication Permission Slip

Owner's Name: _____

Pet's Name: _____

Type of Medication: _____

Reason for Medication:

Instructions for
administering:

Time for administering: _____

Vet Release Form

Pet Information

Veterinarian Information

Type of Animals: _____

Veterinarian: _____

Animal's Names: _____

Address: _____

Birth Dates: _____

Phone: _____

Known medical conditions:

During my absence, Canine Castle Ltd will be caring for my pet(s). In the event of an emergency, I authorise you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Canine Castle Ltd permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Canine Castle Ltd to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to Canine Castle to approve treatment up to £ _____ (input maximum £ amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree to authorise veterinarian to euthanise my pet in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

In the event of my pet's death, I would like the pet cremated / kept at vet / other:

_____.

I agree that Canine Castle Ltd is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Client's Signature

Date

Canine Castle- Terms and Conditions

Our terms and conditions are designed to ensure that your dog receives the maximum possible due care and attention whilst accessing our services:

1. Canine Castle Ltd will provide a caring and kind service to you and your dog.
2. Canine Castle Ltd requires that all dogs taken out of the home environment are vaccinated and up to date with wormers, flea and tick treatments. An up to date Certificate needs to be produced at the time of leaving your Pet at Canine Castle Ltd.
3. Canine Castle Ltd would need to be informed if your dog is being treated for any medical condition.
4. Canine Castle Ltd request that all dogs have an appropriate collar with a tag bearing the owners, surname, address and telephone number.
5. Canine Castle Ltd will NOT exercise a dog off lead unless a consent form is signed and this is also at our discretion.
6. Canine Castle Ltd is covered by Public Liability Insurance and Professional Indemnity. However, any accident, incident or pet loss should be claimed through the owners own dog insurance or at their expense. You can be assured that every attempt will be made to prevent anything happening to your dog in our care.
7. Canine Castle Ltd will contact the owner in the first instance in an emergency, or another family member or trusted friend if the owner is not contactable or as directed by the owner. If veterinary care is required your dog will be taken to our local vet, or the closest vet if deemed necessary. All vet costs will be at the expense of the owner and Canine Castle Ltd will require full reimbursement.
8. Canine Castle Ltd will keep all information given on our forms as confidential and in line with the Data Protection Law.
9. Canine Castle Ltd will keep all keys in a secure locked safe and separate from confidential information.
10. Canine Castle Ltd requires a disclaimer and information sheet completed by the dog owner.
11. Canine Castle Ltd Reserves the right to put a Bitch that has gone into season into Kennels to avoid unwanted accidents and pregnancies
12. Canine Castle Ltd requires at least 24hr notice of cancellation of a service, or this will incur a full charge for the whole stay.
13. Canine Castle Ltd reserves the right to change or amend the Terms and Conditions at any time.
14. Canine Castle Ltd reserves the rights to cancel/decline/terminate a service due to any circumstance.