



Registration Form

**Owners**

Surname.....

First Name(s).....

Address.....

.....

.....

E mail:.....

Are you happy for us to use this email address to send newsletters and up dates .... Yes.....No.....

Tel No..... Mobile No.....

**Emergency Contact names & contact numbers – Please supply 2**

1. Surname.....

First Name(s).....

Address.....

.....

.....

E mail:.....

Tel No..... Mobile No.....

Relationship to you.....

2. Surname.....

First Name(s).....

Address.....

.....

.....

E mail:.....

Tel No..... Mobile No.....

Relationship to you.....

***Please inform your contacts- that on rare occasions, they may be called upon to look after your pet..***

**Dog (s)**

Name (s).....

.DOB.....

Male or Female.....

Date of last season..... Due date....next season.....

Breed.....

KC Name.....

Is your pet insured ?? If so, who with.....

Microchip No.(compulsory by law from April 2016).....

Last Date Wormed.....

Last Date treated with flea treatment.....Brand of Flea Treatment.....  
Pets who normally live together in the same household can share accommodation, unless otherwise stated.  
Do you want your pets housed together.....

**Diet**

**Here at Conifer we feed our clients high quality natural / holistic / hypoallergenic foods**

Green Pantry, Nutriment, Natures Menu, Akela tinned and more....included in the price  
We reserve the right to replace these brands with equivalent if unavailable. Holistic brands are available for sale in our reception / shop. Further details on our website .. [www.coniferkennels.co.uk](http://www.coniferkennels.co.uk)  
*Please Note: if the above brands are not suitable for your pet or they have a particular food that suits their digestion, please bring your own supply. We are happy to feed it to your pet but cannot offer a refund on price.*

How many feeds a day.....  
Normal Brand.....Quantity (gms).....  
Has your pet attended other Kennels / Catteries?.if so, which one.....

**INSURANCE** Your pet is covered by our Boarding Insurance Policy whilst in our care. This will apply to illness or accidents whilst in our care or for illness that show clinical signs within 48 hrs of leaving (that are relevant to your pets stay here.) It does not cover your pet for pre-existing or age related conditions that would have occurred whether in our care or not. Receipts for relevant veterinary treatment must be submitted within 7 days of the pets departure.  
**INOCULATIONS** All pets must be up to date with annual boosters, kennel cough vaccine, worming and flea treatment. Please bring your record cards and any other information with you on arrival.

**PETS WHO DO NOT HAVE UP TO DATE VACCINATIONS WILL NOT BE ACCEPTED.**

**Please Note:** you will lose the deposit paid and may be asked to pay the balance of the stay as the accommodation will not be available to another pet at short notice.We reserve the right to refuse entry to any pet not fully vaccinated , shows any signs of illness, mistreatment, aggression or considered too old or fragile for boarding

**DHPPi** distemper, parvovirus, adenovirus ..... Date Given.....Due Date.....  
**Lepto 2 or 4** .....Date Given.....Due Date.....  
**Kennel Cough**.....Date Given.....Due Date.....

Titer Testing  
We are happy to accept titer tested dogs if your Vet will give you/us a letter to confirm that your dog has 100% immunity against all relevant vituses for the dates that your dog(s) stays here.

**KENNEL COUGH** Vaccine for dogs is compulsory, although it does not cover all / new viruses it has proved in the past to minimises the overall risk.**PRIMARY VACCINATIONS AND KENNEL COUGH MUST BE ADMINISTERED** at least 2 weeks before staying with us.  
New courses for young pets or lapsed vaccinations will take approx **6 weeks**, please ask your vet for details.

Please give details of your pets **Veterinary Surgeon**.....  
Address & Contact No.

.....  
We will endeavour to contact your own Vet in the event of any medical concerns whilst in our care. However, in the majority of cases we will contact our Vets, Elizabeth Smith Veterinary Care – Upper Caldecote. If appropriate, your emergency contact person will be informed.

**MEDICATION:**

Reason Required:.....  
Details:.....  
Dosage:.....Storage.....

**ABOUT YOUR PET**

Please give a brief description of your pet’s personality.

.....  
.....

Is your pet prone to any of the following:

Shyness., Separation Anxiety,Nipping, Nervous of loud noises. Or other ?

**Please list** commands that you pet responds to. ie Sit ,Come in, Bed, Fetch.....

.....

Pets favourite game.....

Does your pet have any allergies or reactions (ie runny tummy) to treats. If so, what treats suit him / her best and when does he / she normally have them.....

**Important** - All pets stay with us at the sole risk of their owners and whilst every care will be taken, the management will not be liable for any illness, injury or the death of any animal in their charge. On extremely rare occasions a pet may die whilst in our care due to natural causes or illness. The appropriate care and action will be taken and your contact person informed. In the unlikely event of this happening, would you wish to be informed whilst away or leave the information with your contact until your return.

***Client Comment***

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**IMPORTANT** : Please also read our terms and conditions and tariff.

**Please complete the form. Print and sign below and bring with you to your next booking. OR complete and return electronically.**

**I/we confirm that we have read all the terms and conditions and tariff. I / we undertake to accept all the terms stated on every occasion my pet (s) stay at Conifers.**

**Additional Notes:**

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**Signed**.....

**Date:**.....