



Booking Form

Your Name							
Address							
Tel Number							
Mobile							
Email							
Contact details when away							
Dog's Name				Age		Sex	
Normal feeding times	AM		PM		Quantity (dry or wet food)		
Date Leaving				Time			
Date returning				Time			
Any special instructions/allergies							

Daily rate is **£15.00/ night (food supplied by you)** or **£16.00 / night including food.**

To secure your dog's stay a deposit of **£20.00 (non-refundable)** is due upon booking.

Balance to be paid two weeks before trip £ **(please insert amount. No. of nights x £15 or £16)**

Please make payments using the account details below and put your name as reference.

Whilst we take every care of your dog, we cannot be held responsible for any accident/damage not due to our negligence. Leaving your dog with us and you signing the form gives us permission to instruct a vet in an emergency after making every attempt to contact you. Please leave us a copy of your pet insurance.

*Please note our day runs from 12.00 midday, a half day will be charged if dropping off before this or collecting after. Dogs may be left with us from 06:00 (6.00 am) but **MUST** be collected before 20:00 (8.00pm).*

Should a bitch (female dog) that has not been spade (neutered) come into season whilst staying with us, we reserve the right to make an additional charge (maximum £40.00) to cover any accidentals such as cleaning and keeping the bitch away from male dogs in our care. This charge will be payable when you collect your dog.

All dogs must have been vaccinated for Kennel Cough. By signing this form, you are agreeing to the terms and conditions above.

Signed:

(Legal owner)

Date:



Medical Consent

I, _____ (insert your name)

being the owner of _____ (insert dog's name)

Give my permission that Aidens Labradors to take ALL NECESSARY MEASURES in the event of a medical emergency whilst boarding at Aidens Labradors.

I understand that Aidens Labradors will make every effort to contact me in the event of a non-pressing emergency but understand that they reserve the right to seek qualified vets help in the event of a more pressing situation.

I further promise to immediately repay Aidens Labradors any vets fees paid on my behalf on the production of a receipt from the vet listing treatment.

I understand that the well-being and health of my dog/s will be the prime concern of Aidens Labradors.

Our vets are EAGLE vets of Minster who have a 24-hour emergency service.

Signed: _____ (Legal owner)

Date:

Spade/Neutered: YES / NO* (delete as applicable)

Insured: YES / NO* (delete as applicable)

Insurance company: _____ (who insures your dog?)

Certificate of Insurance: _____ (please supply a copy of your certificate)

Our Address:

**Aidens Labradors
29 Grange Way
Broadstairs
Kent
CT10 2YP**

Tel: 01843 866991 Mobile: 07774619019

Email: aidenslabradors@btinternet.com

<http://www.aidenslabradors.co.uk/>