



### Booking Form

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

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](mailto:aidenslabradors@btinternet.com)**

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