**New Client Registration Form**

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| **Owner’s Details** |
| **Full Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

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| **Dog 1 Details** |
| **Name:** |  |
| **Sex:** | **Male Female** |
| **Breed:** |  |
| **Colour/Markings:** |  |
| **Date of Birth:** |  |
| **Microchip Number:** |  |
| **Toilet Trained:** | **Yes No** |
| **Neutered/Spayed?** | **Yes No** |
| **Date of last flea treatment** |  **/ /**  |
| **Date of last vaccinations** |  **/ /**  |
| *We require all dogs to be fully vaccinated in line with current veterinary recommendations. Proof of vaccination must be provided.* |
| **Does your dog have any allergies/intolerances to, especially to foods? If so, what?** |  |
| **Medical conditions, allergies, and medication instructions** |  |
| **Please provide an overview of the dog’s behaviour and temperament*** Likes/Dislikes
* Handling on walks
* Toys
* Contact/affection
* Interaction with other dogs
* Interaction with children
* Interaction with other animals
* Treats
* Behavioural issues
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| **Dog 2 Details** |
| **Name:** |  |
| **Sex:** | **Male Female** |
| **Breed:** |  |
| **Colour/Markings:** |  |
| **Date of Birth:** |  |
| **Microchip Number:** |  |
| **Neutered/Spayed?** | **Yes No** |
| **Toilet Trained:** | **Yes No** |
| **Date of last flea treatment** |  **/ /**  |
| **Date of last vaccinations** |  **/ /**  |
| *We require all dogs to be fully vaccinated in line with current veterinary recommendations. Proof of vaccination must be provided.* |
| **Medical conditions, allergies, and medication instructions** |  |
| **Please provide an overview of the dog’s behaviour and temperament*** Likes/Dislikes
* Handling on walks
* Toys
* Contact/affection
* Interaction with other dogs
* Interaction with children
* Interaction with other animals
* Treats
* Behavioural issues
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| **Vet & Insurance Details** |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Out of Hours Phone:** |  |
| **Dog’s Insurance Company:** |  |
| **Insurance Policy Number:** |  |
| **Insurance Phone Number:** |  |

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| **Emergency Contact Details 1** |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Relationship to you:** |  |

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| **Emergency Contact Details 2** |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Relationship to you:** |  |

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| **Emergency Contact Details 3** |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Relationship to you:** |  |

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| **Consents – please tick boxes to consent** |
|  | I agree that in the case of suspected injury or illness, my dog’s Veterinary Surgeon (Vet) may be contacted, and my dog may be examined, and investigations performed if required (e.g. blood tests, x-rays) and an appropriate course of action will be taken on the advice of the Vet.I understand that where possible any treatments will be undertaken by the dog’s ordinary vet, but maybe at Bark n Stay’s nominated vet, where that’s not possible.I agree to Bark n Stay administering any prescribed treatment the Vet considers advisable. I understand that the veterinary consultation, tests and treatment will be at my own expense.I understand that every effort will be made to get in touch with me or my emergency contact to discuss an appropriate course of action for my dog and Bark n Stay will endeavour to keep me updated throughout the process.I agree that if my dog has fleas or worms then Bark n Stay will take the dog to the Vet to arrange an appropriate treatment and charge the vets bill to me. |
|  | I consent for my dog(s) to be walked outside of the home environment or garden |
|  | I consent for my dog to be let off a lead outside of the home environment |
|  | (Only for customers boarding more than one dog)I consent to my dogs being kept together. |
|  | (Only for customers boarding more than one dog)I consent to my dogs being fed at the same time (they will always be fed in separate parts of the kitchen) |
|  | I consent for my dog(s) to be boarded alongside the resident dog, if applicable. |
|  | I consent for my dog(s) to be boarded alongside other dogs, if applicable. |
|  | I consent for my dog(s) to be walked with other dogs in the household, if applicable. |
|  | I consent for my dog(s) to use the garden with other dogs, if applicable. |
|  | I consent for my dog(s) to be fed with other dogs, if applicable. |
|  | (Only tick if your dog normally uses/sleeps in a crate)I consent to my dog being kept in a crate as part of its normal routine. |

**Signed ………………………………………………………….**

**Print Name ……………………………………………………..**

**Date ………/………/………**

*\*\*\*\*\* For Bark ‘N Stay use only \*\*\*\*\**

**Date of Meet & Greet/Familiarisation ………………………………………………..**

**Observations:**