*Brooksflight Gundogs*

***This consent form is to be completed and returned to Brooksflight Gundogs, please print this form off and fill in or email a copy back to us. Please remember to bring the printed copy when you arrive.***

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| Drop off  | Date: |  | Time: |  |
| Collection  | Date: |  | Time: |  |
| ***Owner’s details*** |
| Full name: |  |
| Address: |  |
| Home Phone: |  | Mobile: |  |
| e-mail: |  |

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| ***Dog 1 details*** |
| Name: |  | Male/Female: |  |
| Breed: |  | Colour: |  |
| Microchip Number: |  |
| Neutered/Spayed |  |
| Date of Last worm, flea and tick treatment |  |
| Date of lastVaccinations (DHP Lepto 2 or 4 and Kennel Cough) |  |
| ***Please bring your vaccination card when you drop off your dog or send us a photo. All dogs must be fully vaccinated at least 2 weeks prior to boarding/training.***  |
| Medical conditions, allergies,or medication instructions: |  |

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| ***Dog 2 details*** |
| Name: |  | Male/Female: |  |
|  |  |  |  |
| Breed: |  | Colour: |  |
| Microchip Number: |  |
| Neutered/Spayed |  |
| Date of Last worm, flea and tick treatment |  |
| Date of lastVaccinations (DHP Lepto 2 or 4 and Kennel Cough) |  |
| ***Please bring your vaccination cards when you drop off your dog or send us a photo. All dogs must be fully vaccinated at least 2 weeks prior to boarding/training***.  |
| Medical conditions, allergies,or medication instructions: |  |

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| ***Vet details*** |
| Name: |  |
| Address: |  |
| Phone: |  | Out of Hours phone: |  |

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| ***Feeding Instructions:*** |
| Food brand type: |  | Amount and times per day: |  |
| Other feedinginstructions: |  |

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| ***Consents – Please tick the boxes and sign at the bottom. Place an ‘x’ in boxes that you do not consent to.*** |
|  | I agree that in the case of suspected illness or injury to my dog a 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 the veterinary consultation, tests and treatment will be at my own expense. I also give consent for euthanasia should this be recommended on humane grounds by the Vet caring for my dog. I understand that every effort will be made to get in touch with me to discuss an appropriate course of action for my dog and we will endeavour to keep me updated throughout the process.I confirm that my dog will have been treated for worms, fleas and ticks, 2 weeks prior to arriving at the kennels.I confirm that my dog(s) vaccinations are up to date and also vaccinated for kennel cough.  |
|  | I give permission for my dog(s) to mix with the other dogs which are kept at Brooksflight Gundogs premises; this includes am/pm walks, training sessions, and also socialisation in the exercise area.  |
|  | 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. |
|  | I consent to my dog(s) being walked within a group of dogs from other households. |
|  | (Only for customers boarding more than one dog)I consent to my dogs being kept together. |
|  | I consent to my dog being kept in a kennel.  |
|  | I confirm that my dog has not previously shown any aggression towards people (adults and/or children) or to other dogs. |
|  | I confirm that I will be financially liable for any damage caused by my dog to the boarding premises and/or any equipment. |
|  | Please use this box for any further information that we need to know. |
| Name: |  |
| Signature: |  |
| Date: |  |