

cosycanineclub.co.uk

Your name	
Address	
Phone No.	Booked Dates:

About the Dog(s)

About tile bog(s)	
Name(s) and Age(s)	
Breed(s)	
Neutered or spayed?	If no, are they in season?
Feeding details - when/quantities	
Walking details - when/distance	
Clooping gyrangements	
Sleeping arrangements	
Conord notes on temperament. Because of the	ove or food?
General notes on temperament - Possessive of to	de la



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EMERGENCY CONTACT NAME
Address
Phone No.

On the dates of their stay, will they be up to date with vaccinations, flea and worm treatments? When is their vaccination due next? Please send a copy of the up to date vaccination card for my records to Whats App 07455963510 or email it to: cosycanineclub@gmail.com Are they microchipped? Please supply number if possible Do you have pet insurance? If so, who with? Your vet - please include address, main telephone number and emergency out of hours number	Dog Health
Please send a copy of the up to date vaccination card for my records to Whats App 07455963510 or email it to: losycanineclub@gmail.com Are they microchipped? Please supply number if possible Do you have pet insurance? If so, who with? Your vet - please include address, main telephone number and emergency out of hours number	n the dates of their stay, will they be up to date with vaccinations, flea and worm treatments?
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our vet - please include address, main telephone number and emergency out of hours number	re they microchipped? Please supply number if possible
	o you have pet insurance? If so, who with?
	our vet - please include address, main telephone number and emergency out of hours number
the event of an emergency, are you happy for your dea(s) to go to the hydinese registered vote:	the event of an emergency, are you happy for your dog(s) to go to thE business registered vets:
Companion Care, Pets at Home, Unit 7, Orbital Retail Centre, Cannock.	ompanion Care, Pets at Home, Unit 7, Orbital Retail Centre, Cannock.

P	lease	sign t	o agree 1	for your d	log to I	be:
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Boarded with other dogs Walked outside home environment Let off lead Walked with other dogs from other households Kept together in a designated room YES/NO YES/NO YES/NO YES/NO

YES/NO

Time and Date of Departure:

Sign and Date: