

Wayside Kennels & Cattery – Tel: 01462 813261

Chapel Road, Meppershall, Beds. SG17 5NQ

waysidekennels.cattery@yahoo.co.uk



DOG REGISTRATION FORM

Owners Name.....Email.....

Address and Postcode

.....
Tel. home.....Mobile.....

EMERGENCY CONTACT /name/ number (s).....

***Please note – on rare occasions your emergency contact may be required to look after your pet

Dogs Name.....Breed.....

D.O.B.....Male / Female Neuter status.....

Dogs from the same family will be housed together unless requested otherwise

Dogs housed together YES / NO Feed - together / apart (please delete).....

Behaviour issues, History and Temperament (aggression, bites, chews bedding, guarding etc).....

.....
HAS YOUR DOG EVER BITTEN OR ATTACKED ANY PERSON OR ANIMAL? YES OR NO.....

IS YOUR PET INSURED – If so – who with.....

MICRO CHIP NUMBER

DIET (please give details of quantity & routine).....

Pedigree Chum with / without mixer

Pedigree Dry Complete – Dry / Add Water

Chappie Meat with/without mixer

Chappie Complete - Dry / Add Water

Butchers with/without mixer

Bakers Complete - Dry / Add Water

Trophy Special-Dry/Add Water

Trophy chicken and corn - Dry / Add Water

Own food we are happy to feed supplied food but offer no discount

Has your Dog attended any other kennel YES / NO if yes kennel name

as your pet been refused entry to Kennels – YES / NO If YES please explain why.

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Veterinary Surgeon.....

**FULL VACCINATIONS INCLUDING THE KENNEL COUGH ARE COMPULSARY AND REQUIRED FOR
YOUR DOGS PROTECTION PLEASE ASK YOUR VET FOR GUIDANCE.**

***We reserve the right to refuse entry to any pet, if vaccinations are not complete, correct or up to date.
a pet that shows any signs of illness or mistreatment, considered to be too old or fragile for boarding***

Annual Booster – Date Given..... Date Due.....

Kennel Cough – Brand.....Date given.....Date Due.....

Annual Boosters and Kennel Cough MUST BE ADMINISTERED at least 2 Weeks before boarding.

New Courses for young pets or lapsed vaccinations will take approx 6 weeks – please ask your vet

MEDICATION Reason Required.....

Details

I have seen / been given and accept the Business Hours and Terms and Conditions

Signed.....

Additional Comments