



BOOKING FORM

Owner Information

Name:	
Address:	
Contact phone numbers: (Please give home and mobile numbers)	
Email address:	
How did you hear about Top Dogs?	
How many dogs do you wish to arrange home boarding for:	

Date of booking and approximate arrival and collection time:

Arrival Date:	
Approx Time:	
Collection Date:	
Approx Time:	

About your dog or dogs:

- We will select a carer based on the information that you give us on this form so please tell us as much as you can about your dog's character, behaviour and routines including any foibles using an additional sheet of paper if necessary
- Please also send us a recent photograph of your dog for our records either by e-mail (as jpeg file) or by post as a print – we will not use your photo for any other purpose
- If you wish to board one or more dog please print out and complete this section of the form for each dog.

Your dog information

Dogs name:	
Male or Female:	
Has your dog been neutered or spayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of birth – if known:	
Age:	
Breed:	
Colour	
Size of dog:	Small to medium <input type="checkbox"/> Large <input type="checkbox"/> (Under 20kg) (20kg and over)

Daily routine

<p>What is your dogs usual feeding routine – please give details of food given (wet or dry food) and times of day the food is usually given: (You should provide food and treats which reflect your dog’s home feeding routine for the duration of the board)</p>	
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<p>How much exercise does your dog usually receive each day?</p>	
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Behaviour

<p>Is your dog continent and fully house trained?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Has your dog ever been cared for by other people?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Has your dog ever been cared for in a home where there was another dog?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If yes – how well did your dog settle in that situation</p>		
<p>How is your dog with children? (Top Dogs does not have carers with young children i.e. under the age of 5)</p>		
<p>Where does your dog usually sleep?</p>		
<p>Please provide details of anything which disturbs or unsettles your dog (e.g. horses, motorbikes, fireworks etc)</p>		
<p>Does your dog pull on the lead?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Does your dog return upon being called? (Please give details of any special recall words or signs that your dog will respond to when being call)</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Are you happy for your dog to be exercised on-lead?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

<p>Would you prefer your dog to be exercised off-lead? (You will be required to sign an off-lead instruction form at the introductory meeting which indicates that you will not hold Top Dogs responsible if your dog should run away whilst off lead)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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How likely is your dog to:	Never	Sometimes	Often
Bark or whine during the night			
Jump over garden fences			
Run off or get lost if walked off lead			
Chew furniture or other household items			
Jump up at people either in the home or on walks			
Scratch at furniture, carpets or doors			
Display possessive behaviour with people or toys			
Fight or show aggression towards other dogs			
If your dog has shown aggression towards other dogs please give further details.			

How does your dog react towards cats?	
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Your dogs health

Name and address of your usual vet:	
Does your dog have any health issues that we need to be aware of:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – please provide details	
Is your dog on any regular medication that the carer will be required to give?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – please provide details	
Does your dog have health insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – please give details of the insurance company and the policy number	
Is your dog microchipped?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – please provide the microchip number	
Are you dog's vaccinations up to date? (Please note that you will need to bring your dogs vaccination certificates to the introductory meeting).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please ensure that your dog has been recently wormed and treated with anti-flea treatment prior to boarding with our carer. Please tick this box to indicate that your dog's worm and flea treatment will be up to date at the time of boarding.	
<input type="checkbox"/>	

Please give details of someone in the UK who is authorised to make decisions about your dog in an emergency?	
Name:	
Relationship to owner:	
Address:	
Telephone:	
Mobile:	

Terms and Conditions

All bookings are subject to our terms of use. Submission of a booking form constitutes acceptance of these terms and your continued use of our service will indicate your acceptance of the terms in force each time you use our service.

As these terms may vary from time to time, you should make sure you are aware of the current version, which is available from our office at 1 Wayside, Speen, Princes Risborough, Bucks HP27 0RF and also on our website www.topdogs-homeboarding.co.uk

I confirm that I have read, understood and accept the terms of use of Top Dogs Home from Home Boarding Service.

Please tick box

Signature of owner

Date:

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1 Wayside, Speen, Princes Risborough, Bucks HP27 0RF

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Email: info@topdogs-homeboarding.co.uk

Website: www.topdogs-homeboarding.co.uk