**Pets Haven Limited Services Consent and Details Form**

Client’s name: ………………………………………………………………………………………….

Client’s address: ………………………………………………………………………………………

Postcode: ………………………………………………………………………………………………….

Telephone number: ……………………………………………………………………………………

Email address: ……………………………………………………………………………………………

Emergency Contact Details:

1.

Name: ………………………………………………………………………………………………………

Telephone Number: ………………………………………………………………………………….

2.

Name: ……………………………………………………………………………………………………….

Telephone number: ………………………………………………………………………………….

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| I **do / do not** give my full consent for my dog/s to be walked off lead.  **Signed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I do/do not give permission for my dog’s name, photograph, and video to be used on social media and Pets Haven (Pets Haven Limited) website.  **Signed**. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- | --- |
|  | **Veterinary Release Form**  In my absence I hereby authorise Pets Haven Limited to care for my dog(s) and Pets Haven Limited has my permission to transport them to the veterinary surgery listed below for treatment. I will be responsible for all the veterinary costs. I understand that Pets Haven assumes no responsibility for the dog(s) and are released from all liability related to the transportation, treatment, and expenses in the care of the veterinary surgery.  **Vet Practiced Used:**  Beehive Vet  103 Commercial Street, Rothwell, Leeds, LS26 0WD  Tel: 0113 824 2700  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Dog Details**

Dog’s Name: ……………………………………………………………………………………………….

Breed: ………………………………………………………………………………………………………………

Date of Birth: …………………………………………………………………………………………………….

Sex: Male / Female

Neutered/Sprayed

Fully Vaccinated Yes / No

Date of last vaccination: …………………………………………………………………….

Name of Flea treatment given: ……………….………………………………………….

ID tag: Yes / No

Microchipped: Yes / No

Microchip number: ……………………………………………………………

Known allergies (if any) and what treats they are allowed.

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Health Notes / Medical History.

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Behaviour Notes.

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Feeding Instructions for Boarding (time, amount etc).

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Other boarding instructions: where they sleep at home, any specific behaviours they have or special requirements they need.

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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that if I have my dog boarding with Pets Haven, there may/will be dogs from other families boarding at the same time.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Dog Details

Dog’s Name: ……………………………………………………………………………………………….

Breed: ………………………………………………………………………………………………………………

Date of Birth: …………………………………………………………………………………………………….

Sex: Male / Female

Neutered/Sprayed

Fully Vaccinated Yes / No

Date of last vaccination: …………………………………………………………………….

Name of Flea treatment given: ……………….………………………………………….

ID tag: Yes / No

Microchipped: Yes / No

Microchip number: ……………………………………………………………

Known allergies (if any) and what treats they are allowed.

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Health Notes / Medical History.

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Behaviour Notes.

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Feeding Instructions for Boarding (time, amount etc).

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Other boarding instructions. where they sleep at home, any specific behaviours they have or special requirements they need.

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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that if I have my dog boarding with Pets Haven, there may/will be dogs from other families boarding at the same time.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions**

1. I confirm that my dog is safe around children and other dogs.

2. I authorise Pets Haven to obtain any emergency veterinary care that may be necessary whilst my dog(s) i/are in their care and accept full responsibility for all costs related to this emergency care. I authorise Pets Haven to use their registered Vet; Beehive Vets, based in Rothwell. Pets Haven will attempt to contact me prior to obtaining emergency care.

3. I will be responsible for all medical expenses and damages/claims resulting from an injury to the dog walker or other persons/animals by my dog(s).

4. Appointments can be cancelled free of charge up to 24 hours prior to the appointment, a £5 cancellation fee will apply for cancellations within 24 hours of the appointment.

5. I agree to pay Pets Haven in full either in advance or upon collection / return of my dog(s).

6. Pets Haven will inform you of any incident, or unusual/unacceptable behaviours involving your dog(s) whilst in our care.

7. I understand that all photographs/ videos taken whilst my dog was in the care of Pets Haven are of copyright .

8. I understand that if I have my dog(s) board with Pets Haven, there may/ will be dogs from other families boarding at the same time.

8. I accept that if I require Pets Haven services at short notice e.g., less than 24 hours, I may be charged a higher rate.

9. I accept that the boarding payment rate is per 24 hours. If I collect my dog(s) three hours or more after this allotted time I will be charged a minimum of £10 for the extra hours of care provided.

Print name: …………………………………………………………………………………….

Signed: .................................................... Dated: ..................................................

Pets Haven Signed: ………………………….................................................................