

Valley Dog Hotel

Dates of Stay From _____ To _____

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OWNER DETAILS

Name of Owner: _____

Address: _____

Postcode: _____ Telephone (Home): _____

Work No: _____ Mobile No: _____

Emergency Telephone No: _____

Email Address: _____

Room Number: _____ Kennel Number: _____

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PET DETAILS

Pet Name: _____ Breed: _____

Age: _____ Sex: _____

Pet Name: _____ Breed: _____

Age: _____ Sex: _____

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Pet Name: _____ Breed: _____

Age: _____ Sex: _____

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I understand that I am paying for the use of the "The Valley Hotel"- Kennel facilities only and that the feeding and exercise of my dog whilst using the accommodation are my responsibility. I also accept that my dog(s) are kennelled entirely at my own risk against theft or loss.

I agree to always walk my dog on a lead whilst moving to the designated exercise area and agree to dispose of any dog waste in the bins provided.

I authorise you to call a veterinary surgeon on my behalf should you consider it necessary in my absence.

My dogs are in good health and, are wormed, de-fleaed and their vaccinations are up to date at least 10 days before arrival.

Signed: _____

Print Name: _____ Date: _____