



Country Pet Hotel

SMALL ANIMAL BOARDING CONTRACT

Owners Details

Name - Mr/Mrs/Miss/Ms/Dr
Home Number
Work Number
Mobile Number
Holiday Number
E-mail
Home Address
Post Code
Name & number of the person collecting your pet(s) (if not the owner)

Boarding required

From
To
Pick up time:

Boarding Opening hours only

Monday - Friday
10am to 11.30am & 2.30pm to 4pm
(Closed 11:30am to 2:30pm)
Saturday 10am to 1pm
Sunday & Bank Holidays -
Closed to the public

Pet(s) Information

Type of Animal
Pet(s) Name
Sex - Male / Female Neutered - Yes No Last in season
Colour/Breed
Date of Birth / Age
Character / behavioural Traits
Fears or Phobias
Any history of illness Yes No
Vaccinated Yes No Micro Chipped Yes No Pet Insurer Yes No
Had Flea treatment Yes No Date Had Worm treatment Yes No Date
Commands Known
Special Requirements Yes No

Food

Supplied by the Company - Yes / Owner - Yes
AM Food - What Brand
Restrictions and Quantity
Supplied by the Company - Yes / Owner - Yes
PM Food - What Brand
Restrictions and Quantity

Items Brought in with the Pet(s)

Medication Yes No (see med form) Basket/Cage Yes No
Toys Yes No Other

TERMS & CONDITIONS

Four Paws Country Pet Hotel and the Client

Mr/Mrs/Miss/Ms/Dr.....herein agree as follows:

The initial term of this contract shall be from the date of first visit _____ through to the final visit_____

The terms shall apply indefinitely from time to time should we engage the services of Four Paws Country Pet Hotel again in the future.

Four Paws Country Pet Hotel is fully authorised by signature below to seek and obtain veterinary care with release from all liabilities related to transportation, treatment, and expense.

Although every reasonable care will be taken at all times, due to the unpredictability of animals, Four Paws Country Pet Hotel will not be held liable by the client for the death or injury of pets or animals.

Four Paws Country Pet Hotel agrees to provide the services specified in this contract. In consideration of these services and as an express condition thereof the Client expressly waives and relinquishes any and all claims against said Four Paws Country Pet Hotel including accidental damage to property and pets.

The Client agrees to pay the full amount of the stay at the time of delivery to the kennels. The client also agrees to pay any additional costs upon collection of the animal. The Client confirms that all pets are fully vaccinated. Should a Four Paws Country Pet Hotel authorised carer be bitten or otherwise exposed to any disease or ailment received from the Client's pet the Client shall be responsible for payment of all costs incurred by the carer on demand.

Four Paws Country Pet Hotel reserves the right to terminate this contract at any time before or during its term if Four Paws Country Pet Hotel, in its sole discretion, determines that the Client's pet(s) poses a danger to the health or safety of Four Paws Country Pet Hotel authorised sitter. If concerns prohibit Four Paws Country Pet Hotel from caring for pet(s), the Client authorises pet(s) to be placed into the care of the Welfare organisation, with all charges there from payable by the Client on demand.

The Client authorises this signed contract to be valid approval for future services of any purpose provided by this contract permitting Four Paws Country Pet Hotel to accept telephone reservations for service without additional signed contracts or written authorisation.

Four Paws Country Pet Hotel reserve the right to charge additional fees for public holidays.

Client Signature

Print Name

Questions

- 1) Are you aware of any reason why we should approach your pet(s) with caution?
Yes No _____
- 2) Has your pet(s) ever bitten anyone?
Yes No _____
- 3) Has your pet(s) ever been refused entry to a kennel establishment?
Yes No _____
- 4) Has your pet(s) ever bitten, attacked or killed another animal?
Yes No _____

Vet Notification Form

Dear (Registered veterinary Practice) _____

This is to inform you that I have engaged the services of Four Paws Country Pet Hotel to care for my Pet(s) during my absence

Pets(s) Name _____

Should my Pets(s) require medical attention while in the care of Four paws Country pet Hotel, I authorise you to extend treatment. I, the owner will be responsible for the payment of the veterinary services.

Should Four Paws Country Pet Hotel require any information or supplies from my veterinary practice regarding my pet(s) i.e. vaccinations, medical history, medication, food and so on, I give full permission for such information to be shared with Four Paws Country Pet Hotel, and agree to pay for any items needed OR that the practice may advise/recommend.

This signature of consent shall apply indefinitely from time to time should we engage the services of Four Paws Country Pet Hotel again in the future.

Yours sincerely

.....

Print Name

Date.....

Data Protection Notice and Permission to hold contact details for all clients of 24-7 Petcare Limited trading as Four Paws Country Pet Hotel & Designer Dogs as filed with the General Data Protection Register

To comply with the current legislation on data protection we must tell you what personal data we hold about you, why we hold it and have your permission to retain it. We store data about clients to ensure we can contact them by mail, telephone or email:

- In an emergency
- About booking reminders
- Online booking
- Any special offers
- Newsletter

You can opt-out of any marketing contacts if you wish by not ticking the appropriate box on the form below. Any data we hold will not be provided to any other person or business except as required by law.

- You may request to see all the personal data we hold on you (we are allowed 30 days to provide it);
- We only keep your data for the reasons outlined above
- We destroy your data if we have had no contact with you for 5 years;
- For the smooth and efficient running of 24-7 Petcare Limited trading as Four Paws Country Pet Hotel & Designer Dogs we need to keep record of
 - Your name
 - Your address
 - Your landline, work and mobile telephone numbers
 - Your email address
 - Contact details of another responsible person in case of an emergency
 - The details of your pet(s)
 - The name and telephone number of your veterinary surgeon

For us to be able to hold these records we need your permission so please complete this form and hand it to a member of staff.

Your full name: _____

Your email address: _____

I agree that 24-7 Petcare Limited trading as Four Paws Country Pet Hotel & Designer Dogs may contact me, my veterinary surgeon or my named emergency contact as necessary:

In an emergency

To remind me of appointments/bookings

To send a newsletter*

About offers and services which may be of interest to me*

*I understand I can opt out of further marketing contact at any time on request.

Signature _____

Date _____