

DOONANE BOARDING KENNELS BOARDING AGREEMENT FORM

Tel: 087 222 0033 | Coolmine, Saggart, Co. Dublin | www.doonanedogs.com **Name of Primary Owner: Home Address: Home Tel No: Mobile No: Email Address:** Would you like your dog(s) photo put on Facebook/ Instagram/Website? Yes: No: **Boarding Dates:** From: To: **Emergency Contact No.** Contact No. In the event of extreme weather conditions (dogs are at risk of heat stroke even in temperatures above 20 celcius) or your pet becomes unwell, in heat, stressed or causes stress to other dogs, bites a member of staff, another dog or causes damage to Doonane property we will contact your Emergency contact and ask them to collect your pet. This boarding agreement form is required to be filled out annually, DD / MM / YYYY unless updating pets vaccination, pets details or other circumstances. This boarding agreement will cover your pet stay at Doonane for one year from this date. Your Dog's Details: Name: **Date of Birth:** Age: Sex: Breed Neutered

**** We do not take dogs in heat or due to come into heat ****

YES/ NO

Yearly Vaccinations, including Kennel Cough, must be completed at least 14 days before first boarding date!					
Last Vaccination Date:	Last Canine Kennel Cough Vaccination Date:				
Has your Dog been treated for fleas &	worms in the last 3 months?				
Veterinary Practice Name & Address:					
	Tel No:				
Food:					
What food do you Feed your Dog? (We	et\Dry\Brand)				
Amount of food per Feed?					
Does your dog have food allergies or a	ny snacks of food he/she is NOT allowed to have?				
Health:					
Please list any current health problems	or concerns you may have with your dog?				
Is your dog on any medication or is ha name of medications, dosage and instru	ving at home vet care? If so please list in detail the actions for care:				
List what medications you brought with	th you and how much/many				

Behaviour.			
Have you noticed any changes in your dogs behaviour that we should be made aware of. Since his/her last stay at Doonane?	Yes:	No:	
Do You want your Dog walked in the main unenclosed field?	Yes:	No:	
Do you want your dog walked ONLY in the enclosed field?	Yes:	No:	
Has your dog ever bitten somebody?	Yes:	No:	
Is your dog toilet trained?	Yes:	No:	
Can your dog jump over a 5ft fence?	Yes:	No:	
Has your dog ever bitten another dog?	Yes:	No:	
Is your dog agressive towards other dogs?	Yes:	No:	
Does your dog bark a lot or show signs of seperation anxiety or is destructive when left alone?	Yes:	No:	
Is there a reason your dog should not socialise with other dogs?	Yes:	No:	

Behaviour	: (Conti	nued	from I	Page 3)						
Can your d	t unsu	unsupervised with toys?				Yes:	No:			
Has your do	og got god	od rec	all?					Yes:	No:	
Vaccination	and illne	ess								
All dogs mu please bring that shows sy still contract collection of recover.	vaccinati ymptoms t kennel	on rec of illn cough	ords on less and on rar	the day you a has not got u e occasions,	are dropping to date this can	ing off you vaccination of be av	ar pet. ons. A oided	No dog v fully vac . Please	will be adm cinated dog be aware	itted g can upon
Our drop of Our drop off				e strictly 11a	m – 12:30)pm and 5 ₁	pm –	6:30pm		
You will not	be admi	tted o	utside t	hese hours						
While all du responsibility upon collecti	y. Any ve	t fees		•	_			_	•	-
Please read our services agree to an agreement an	and facili d have 1	ties. I	By board	ling my dog	on the ab	ove dates o	or any	other dat	tes, I the ov	vner,
Signature: _					_					
Date:					_					
Dongonal Da	olzina I	forms	tion							
Personal Bo Do you allow (We will only	us to hold	person	nal detail			on.				
Yes:		No:								