**HOUND HALL LUXURY HOTEL FOR DOGS**

**INITIAL BOOKING & PERSONAL INFORMATION SHEET**

**INSTRUCTIIONS TO HELP COMPLETE THIS FORM**

|  |  |
| --- | --- |
| **TYPE OF FIELD**  Click or tap here to enter text  Click or tap here to enter a date  Choose an item | **HOW TO COMPLETE**  Click on the text, the colour will change, you can then type your response  Click on the text, a down arrow will appear on the right, click on the arrow and a calender will appear. Use the left / right arrows to change the month and then click on the date  Click on the text, a down arrow will appear on the right. Click on the arrow and then click on the required option |

**OWNER CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| YOUR FIRST NAME | Click or tap here to enter text. | SURNAME | Click or tap here to enter text. |
| ADDRRESS |  | | |
| POSTCODE | Click or tap here to enter text. |  | |
| LANDLINE | Click or tap here to enter text. | MOBILE | Click or tap here to enter text. |
| WORK NO. | Click or tap here to enter text. | E-MAIL | Click or tap here to enter text. |
| YOUR PARTNER FIRST NAME(if applicable) | Click or tap here to enter text. | SURNAME | Click or tap here to enter text. |
| LANDLINE | Click or tap here to enter text. | MOBILE | Click or tap here to enter text. |
| WORK NO. | Click or tap here to enter text. | E-MAIL | Click or tap here to enter text. |
| EMERGENCY CONTACT FIRST NAME*(must be local & able to collect the dog in an emergency)* | Click or tap here to enter text. | SURNAME | Click or tap here to enter text. |
| ADDRESS | Click or tap here to enter text. | | |
| POSTCODE | Click or tap here to enter text. |  | |
| LANDLINE | Click or tap here to enter text. | MOBILE | Click or tap here to enter text. |
| WORK NO. | Click or tap here to enter text. | E-MAIL | Click or tap here to enter text. |

**INITIAL BOARDING INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| ARRIVAL DATE | Click or tap to enter a date. | ARRIVAL TIME | Click or tap here to enter text. |
| DEPARTURE DATE | Click or tap to enter a date. | ARRIVAL TIME | Click or tap here to enter text. |

**PET INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | Click or tap here to enter text. | BREED | Click or tap here to enter text. |
| DOB / AGE | Click or tap here to enter text. | SEX | Choose an item. |
| NEUTERED | Choose an item. | WEIGHT | Click or tap here to enter text. |
| WHERE DID YOU OBTAIN THE DOG? | Choose an item. | HOW LONG HAVE YOU OWNED THE DOG? | Click or tap here to enter text. |
| MICROCHIP NUMBER | Click or tap here to enter text. |  | |
| HAS YOUR DOG EVER GROWLED AT YOURSELF, ANY MEMBER OF THE FAMILY (CHILD OR ADULT), CARER, STRANGER? | Choose an item. | Click or tap here to enter text. | |
| *If Yes, please give details in the next field* |
| HAS YOUR DOG EVER BITTEN / NIPPED EITHER YOURSELF, ANY FAMILY MEMBER (CHILD OR ADULT), CARER, STRANGER? | Choose an item. | Click or tap here to enter text. | |
| *If Yes, please give details in the next field* |

**VET INFORMATION:**

|  |  |
| --- | --- |
| NAME OF VETERINARY PRACTICE | Click or tap here to enter text. |
| ADDRESS OF PRACTICE | Click or tap here to enter text. |
| TELEPHONE NUMBER | Click or tap here to enter text. |

**INSURANCE**

|  |  |  |
| --- | --- | --- |
| IS YOUR DOG INSURED? | Choose an item. | Click or tap here to enter text. |
| *If Yes, please provide insurer and policy number* |

**MEDICATION**

|  |  |  |
| --- | --- | --- |
| DETAILS OF MEDICAL CONDITIONS IF APPLICABLE | Click or tap here to enter text. | |
| IS YOUR DOG TAKING MEDICATION OR HERBAL REMEDIES CURRENTLY? | Choose an item. | Click or tap here to enter text. |
| *If Yes, please give details in the next field* |
| *Please note that medication administered will be charged for individually depending on the complexity & frequency* | | |
| PLEASE SPECIFY TYPE / DOSAGE / NUMBER OF TIMES PER DAY | Click or tap here to enter text. | |
| DOES YOUR DOG HAVE ANY ALLERGIES? | Choose an item. | Click or tap here to enter text. |
| *If yes, please give details in the next field* |
| IN CASE OF ILLNESS, ARE YOU HAPPY FOR US TO TAKE YOUR DOG TO OUR VET AND FOR YOU TO SETTLE THE PAYMENT? | Choose an item. |  |

**WORM & FLEA TREATMENTS / VACCCINES MICROCHIP NO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LAST WORMED | LAST FLEA TREATMENT | KENNEL COUGH | LEPTP (L2 OR L4) | DHPP (3 YEAR) |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |

**FEEDING**

|  |  |  |
| --- | --- | --- |
| HOW MANY TIMES A DAY IS YOUR DOG FED? | Choose an item. |  |
| TYPE OF FOOD | Choose an item. | Click or tap here to enter text. |
| Does your dog have an intolerance to any food? | Choose an item. | Click or tap here to enter text. |
| *If Yes, please specify opposite* |
| *Please bring treats, however, in the best interest of safety for your dog, Hound Hall will not give rawhide chews or treats containing glycerine, unless a disclaimer form is signed and you take full responsibility.* | | |

**BEHAVIOUR**

|  |  |  |
| --- | --- | --- |
| IS YOUR DOG CRATE TRAINED? | Choose an item. | *If Yes, please bring your crate with you.* |
| DO YOU GIVE PERMISSION FOR HOUND HALL TO WALK YOUR DOG OFF PREMISES? (ON LEAD) | Choose an item. | *It is a legal requirement that all dogs must wear a disc when in a public place, please ensure your dog has one with him/her’* |
| PLEASE DESCRIBE YOUR DOG’S LEVEL OF OBEDIENCE, AND ANY COMMAND WORDS YOUR DOG RESPONDS TO | Click or tap here to enter text. | |

**DOES YOUR DOG**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GO ON FURNITURE/BED | Choose an item. | CHEW TOYS | | Choose an item. |
| JUMP UP ON PEOPLE | Choose an item. | FIGHT WITH OTHER DOGS | | Choose an item. |
| CHEW FURNITURE | Choose an item. | SCRATCH AT CARPET/DOORS | | Choose an item. |
| CHEW SKIRTINGS, OTHER ITEMS | Choose an item. |  | | |
| BARK | Choose an item. | WHINE | | Choose an item. |
| *if barking please say when (below)* | *if whining please say when (below)* |
| Click or tap here to enter text. | |  | | |
| CAN YOUR DOG BE LEFT ALONE? | Choose an item. | DOES YOUR DOG URINATE OR DEFECATE IN THE HOME? | | Choose an item. |
| WOULD YOUR DOG BE HAPPY TO SEE OTHER DOGS THROUGH A MESH FENCE? | Choose an item. |  | | |
| IS THERE ANY PART OF THE BODY YOUR DOG DOES NOT LIKE TO BE TOUCHED? | Choose an item. | Click or tap here to enter text. | | |
| *If Yes, please say where and what the reaction is in the next field* |
| IS THERE ANY BEHAVIOUR THAT HOUND HALL NEEDS TO BE MADE AWARE OF? | Choose an item. | Click or tap here to enter text. | | |
| *If Yes, please say what in the next field* |
| HOW WOULD YOU DESCRIBE YOUR DOG? *(please select any that apply)* | FRIENDLY Choose an item. | | SEPARATION ANXIETY Choose an item. | |
| NERVOUS Choose an item. | | EXCITABLE Choose an item. | |

**TRAVEL**

|  |  |  |
| --- | --- | --- |
| HAS YOUR DOG EVER HAD INTERNATIONAL TRAVEL? | Choose an item. | Click or tap here to enter text. |
| *If Yes, please say where and when in the next field* |

**TOYS AND PLAY**

|  |  |  |  |
| --- | --- | --- | --- |
| ARE YOU PROVIDING YOUR OWN TOYS WHEN YOUR DOG STAYS AT HOUND HALL? | Choose an item. | ARE YOU HAPPY THAT ALL THE TOYS YOU BRING ARE LEFT WITH your dog at all times? | Choose an item. |
| ARE YOU HAPPY FOR HOUND HALL’S CONTENTS AND TOYS TO BE LEFT IN THE ROOM? EG BED, CUSHIONS, RUGS, TOYS ETC? | | | Choose an item. |
| *If No, please give details below* |
| Click or tap here to enter text. | | | |

**DOGS FROM THE SAME FAMILY**

|  |  |  |  |
| --- | --- | --- | --- |
| DO YOU GIVE CONSENT FOR YOUR DOGS TO LIVE TOGETHER IN ONE ROOM? | Yes | DO YOU GIVE CONSENT FOR YOUR DOGS TO BE SEPARATED IF NECESSARY? | Yes |

**FURTHER INFORMATION**

|  |  |
| --- | --- |
| IS THERE ANY OTHER INFORMATION YOU WOULD LIKE HOUND HALL TO BE AWARE OF REGARDING YOUR DOG? | Click or tap here to enter text. |

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| --- |
| THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I ACCEPT THAT HOUND HALL AND/OR OWNERS AND STAFF OF HOUND HALL WILL NOT BE LIABLE FOR ANY ILLNESS OR NATURAL DEATH OCCURRING WHILST IN THEIR CARE.  I MAY BE HELD RESPONSIBLE FOR ANY DAMAGE CAUSED BY MY DOG WHILST ON THE PREMISES OF HOUND HALL. I HAVE READ AND AGREE TO THE HOUND HALL TERMS AND CONDITIONS WHICH ARE GIVEN ON THE WEBSITE. |

PRINT NAME…………………………………………………………………………

SIGNATURE (on arrival at Hound Hall) ……………………………………………………………….. DATE………………………

Please return this form to: info@houndhall.co.uk