

## 2.3 Operating procedures

### CHECK IN FORM

OWNERS DETAILS		
OWNERS NAME		
ADDRESS		
PHONE		
EMERGENCY CONTACT IF OUT OF UK		
DOG DETAILS		
NAME		AGE
BREED & MARKINGS		BITCH / DOG
MICROCHIP NO.		NEUTURED / UNNEUTURED
VACCINATION EXPIRY		OFFICE ONLY
KENNEL COUGH EXPIRY		OFFICE ONLY
VETS NAME, ADDRESS & PHONE NO.		
FEEDING INSTRUCTIONS (TYPE & FREQUENCY)		
MEDICATION (TYPE & FREQUENCY)		
COMMON BEHAVIOUR TRAITS eg Nervous...		
PLEASE SIGN BELOW TO AGREE TO YOUR DOG BEING KENNELLED, EXERCISED & FED WITH A DOG(S) FROM THE SAME HOUSEHOLD		
OTHER DOG(S) NAME		
PRINT NAME		
SIGNED		
DATE		

## CHECK IN INVENTORY

ARRIVAL DATE	
DEPARTURE DATE	*PLEASE ADD NAME IF NOT OWNER COLLECTING
<b>FEED AND MEDICATION UPON ARRIVAL</b>	
FOOD / TREATS	
MEDICATION	
<p>DECLARATION: EVERY CARE WILL BE TAKEN OF YOUR DOG(S) WHILST HE/SHE STAYS WITH US. WE CANNOT BE HELD RESPONSIBLE FOR CIRCUMSTANCES BEYOND OUR CONTROL. HOWEVER, IN THE EVENT OF YOUR DOG NEEDING VETERINARY ATTENTION PLEASE SIGN THE DECLARATION BELOW. IN THE EVENT OF NEEDING MEDICAL ATTENTION, I GIVE PERMISSION FOR MY DOG TO ATTEND MY VET, OR PRIORITY VETERINARY SURGERY IN THE EVENT OF AN EMERGENCY.</p>	
PRINT NAME	
SIGNED	
DATE	