**Booking Form**

This Booking Form is to be completed and returned to us via post or email prior to your visit.

Please note that this form does not contain any detailed information about our services, prices or Terms and Conditions. These can be found by visiting our website at www.buckholtdognursery.co.uk

**Booking Details**

|  |  |  |
| --- | --- | --- |
| Arrival Dates | Departure Dates | Number of Days |
|  |  |  |

**Client Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| Emergency Contact Name and Number |  |

**Pet Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Breed | Cast/Spey |
|  |  |  |  |
|  |  |  |  |

**Payment**

Payment can be made as noted below. Please enter the amount you wish to pay next to the relevant payment method.

|  |  |  |
| --- | --- | --- |
| Payment Method | Amount to be Paid | Deposit/Full Payment |
| Debit Card | £ |  |
| Bank Transfer | £ |  |

**Prices per day:** 1 dog 31.95 2 dogs £40.95 3 dogs £45.95 4 dogs £46.95

Prices noted above are exclusive to VAT

Please call us on 01424 830 666 to make payment, or alternatively you can pay by bank transfer to the following account:

**Acc Name:** Buckholt Investments **Acc Number:** 02692772 **Sort Code:** 30 93 79

IMPORTANT: I understand that deposits are non refundable and that in the case of cancellation charges will apply.

**Group Play**

Your dog will have the opportunity to enjoy group play with other dogs. We take every care possible but we are aware that dogs can sometimes be over playful and it is possible they may get hurt. Should your dog receive an injury needing veterinary treatment as a result, please note you will be responsible for the cost.

|  |  |
| --- | --- |
| I wish my dogs to join in group play |  |
| I DO NOT wish my dogs to join in group play |  |

**Vet & Medication Authorisation**

IMPORTANT: I understand that if a vet needs to make a visit that the cost will not be covered by the kennel insurance and I will be responsible for any additional charges to cover transport/time of the vet or staff transporting my dog to the vet.

Clients will be invoiced directly by the vet and will be responsible for the payment. We cannot be held responsible for any veterinary treatment required as a result of your dog chewing or swallowing any foreign objects.

**We now require a vaccination card to be brought in with you for every booking as we will be holding these for the duration of their stay.**

**Veterinary Details**

|  |  |
| --- | --- |
| Veterinary Practice |  |
| Telephone Number |  |
| Vaccination Date |  |
| Microchip Number |  |

PLEASE NOTE THAT UNDER NEW LEGISLATION WE CANNOT ACCEPT ANY DOGS WITHOUT SIGHT OF THEIR VACCINATION CARD AND MICROCHIP NUMBER. PLEASE BRING THIS IN WITH YOU WHEN CHECKING IN

**Medication**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Dog | Medication | Dosage | Time | How to give |
|  |  |  |  |  |
|  |  |  |  |  |

I believe that the information provided is accurate and I have noted below any information I feel is necessary in connection with my dogs holiday.

Signature: Date:

NOTES: