



DOG'S NAME

Owner details

Name:

Address:

Mobile and landline contact numbers:

Email address:

Emergency contact:

Name and mobile:

Dog Information:

Breed:

Age:

Sex:

Neutered?

Microchip:

Temperament:

Your household – does your dog usually live with another dog at home? {dogs can get very stressed if they are separated from their playmate}

My dog will be sharing a kennel with our other dog [s] called:

Do you authorise Trelawn to separate your dogs if problems arise whilst sharing one kennel? This will incur an additional kennel charge.

Do they share a large bed or have individual beds?

Extra Information:

Will any possessions be left with your dog?

Does your dog mix well with other dogs?

Do you give consent allowing your dog to socialise at Trelawn under careful supervision?

Diet

What food does your dog eat?

How often is he fed and what amount?

If sharing a kennel with another of your dogs, do they need to be fed separately?

**TRELAWN OPENING HOURS: 9-12 / 3-5
(Mon-Sat)
9-12 / 4-5 (Sunday)**

Health Information

Veterinary Practice and telephone number:

Is your dog on any medication?

Please let us know of any relevant medical and behavioural history.

Does your dog have exercise restrictions?

Please give dates of recent worming and flea treatments:

Last vaccination date:

Last Kennel Cough Treatment:

Insurance Policy details: [if applicable]

Additional Information to help your dog settle at Trelawn as happily as possible:

Declaration:

I agree to all the Terms and Conditions of Trelawn Kennels

Signed: _____

Dated: _____