*CAROL’S* DOGGIE HOTEL BOARDING APPLICATION

**Email :** **carolmiller777@gmail.com** **Whatsapp or Cell: 076 032 9965** [**www.facebook.com/doggiehotel**](http://www.facebook.com/doggiehotel)

**ADDRESS 28 ABBEY ROAD, 3 SQUIRREL CLOSE, SOMERSET WEST 7130**

*(Only sterilized SMALL dogs accepted unfortunately no medium or large size dogs)*

Owner’s name and physical address

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Contact Tel number.......................................................................................................

Emergency Contact Number.........................................................................................................................

Email: ….......................................................................................................................

Pet's Name:…………………………………………………………………………………. Breed, Colour & Size…………………………………………………Pet’s Age:………….

Male/Female ……………..Spayed/Neutered? …………………. **Duration of Stay : From………………………………To……………………………..….**

Vaccination Records………………………………………………………………………. Does your pet take any medications or have any medical conditions?...................................................................................................................

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Does your pet have any known allergies?......................................................................................................................

Name, address & telephone number of your Veterinarian

…..................................................................................................................................

Does your dog have any history of biting or being aggressive with other dogs?

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Generally how does your dog react to other dogs? (Aggressive, playful, shy, tolerant)

………………………….

Does your dog have any history of biting or being aggressive with people?

Feeding instructions:....................................................................................................

Is your dog house trained? Is group socializing OK for your Pet?....................................

Does your dog have any fears? (Thunderstorms, people, other dogs, Etc.)..............................................................................................................................

Does your pet know basic commands?.................................................................................................................

Has your Dog been de-wormed recently?…...................................................

Has your Dog been micro-chipped................................Do they wear an identification Tag?.................

Is your dog normally outside/inside?............................................................................................................

We fetch and deliver pets for an additional fee of R50 to Somerset West, Strand and Gordons Bay only please let us know if you would like us to do this for you?..............Y/N

Other relevant information/special instructions............................................................

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**Rates** : Small dogs R150 per overnight stay – an additional fee is added to the fee paid if your pet is collected after 12noon

Doggie Daycare (no overnight) R75

**Hours**: Every day 08:00 – 6h30pm

but Sundays, Saturdays and public holidays 08:30 – 9:30, and 17:00 – 18:00

***Please bring along clearly marked with your pets name : Own Pet Bed, Own Blanket, Pet Jacket, Meds and Own Dog Food***

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***I hereby declare that I understand that whilst every care will be given to my dog(s), I am boarding my pet(s) at my own risk, Carol’s Doggie Hotel will not be liable for any injury to your pet, harm or loss or accidents***

***I authorize you to call a Veterinary Surgeon on my behalf if you consider it advisable (the pet owner will be solely responsible for any vet fees)***

**Please note that booking will only be confirmed once a 50% non-refundable deposit has been paid**

Signed at …................................

on this …......................................

…......................................................................

Signature

***Bank details:***

Carol Miller Savings Account number: 133 437 3424 Capitec Bank, Somerset West Branch Code: 470010