**BOOKING REQUEST FORM**

*PLEASE COMPLETE ALL SECTIONS FULLY*

|  |  |  |  |
| --- | --- | --- | --- |
| PAWRENT’S NAME: |  | | |
| PHONE: |  | | |
| EMAIL: |  | | |
| DOG NAME: |  | | |
| BREED: |  | | |
| DOB: |  | | |
| BITCH/DOG: |  | CASTRATED / SPAYED?: |  |
| DATE OF LAST SEASON: |  | *(if unspayed)* | |

**HOLIDAY / TRIP DETAILS:**

|  |  |
| --- | --- |
| Drop off Day:  *(Check in is between 9am and 10am)* |  |
| Collection Day: |  |
| Collection Time:  *(9am-10am included - after 10am day/credit charged)* |  |
| Destination: |  |
| Flight Departure Details: |  |
| Stay details: |  |
| Flight Return Details : |  |
| I hereby sign to confirm understanding and acceptance to T&C’s as found [www.camptailsdoggydaycare.com](http://www.camptailsdoggydaycare.com) |  |
| Print Name:  Date: |  |

**OFFICE USE:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TOTAL NIGHTS: | |  | | BANK HOLIDAY / XMAS ADJUSTMENT: | | |  | | | | |
| DAYCARE ON PICKUP DAY: | | 1/2 | FULL | CREDITS / PAYG? | | | CREDITS | | | PAYG | |
| TOTAL PRICE: | |  | | | | | | | | | | *Initial* |
| 50% Deposit: | |  | | | | PAID DATE: | | | Via: | | |  |
| Balance: | |  | | | | PAID DATE: | | | Via: | | |  |
| BOOKING CONFIRMATION | DEPOSIT RECEIVED | | SPREADSHEET CALENDER | | BOOKING SYSTEM | | | FILED PENDING FINAL BALANCE | | | BALANCE PAID | |

**DROP OFF DAY FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | | Initial (office use) |
| Emergency Contact Name:  (Must be different to owner) |  | | | |  | | |  |
| Emergency Contact Number: |  | | | | | | |  |
| Emergency Contact Email: |  | | | | | | |  |
| Food Supplied + Total Quantity:  (Please state how many cans/packs etc has been provided) | DRY/KIBBLE | | WET/RAW | | | OTHER (detail) | |  |
| Feeding instructions and quantity per portion: | BREAKFAST | | LUNCH | | | DINNER | |  |
| Treats Provided and instructions: |  | | | | | | |  |
| Allergies or intolerances? |  | | | | | | |  |
| Items Left for stay:  (Lead, harness, bed, toys, Tupperware etc) |  |  | |  | | |  |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
| Injuries / Illness within last 48 hours:  (Please include details on reverse) |  | | | | | | |  |
| Medication:  (Please include detailed instructions, such as frequency + administering details) |  | | | | | | |  |
| Dog Weight: |  | | | | | | |  |
| Any extra information:  (Night time routine? Any fun facts?) |  | | | | | | |  |

COMPLETE CLOSER TO YOUR STAY AND BRING WITH YOUR DOGS ITEMS ON FIRST DAY – PLEASE NOTE, WE WILL NEED 5 MINUTES TO CHECK IN YOUR DOG