

Paws Inn at Botany Bay - Booking Form

Client Name:	Dog(s) Name(s):
Client Address:	Email address:
Home phone:	Work phone:
Mobile :	Emergency Contact phone: Relative/friend (name):
Vet Name & Address: (must be completed)	Vet's phone no: (must be completed)

Breed:	Sex:
Age(s)	Weight:
Microchip number: (note if not 'chipped we can provide this service by arrangement)	Food (brand and whether wet or dry, quantities & feeding times):

1	Pet Insurance: Yes / No Details:
2	Medical History: Allergies? Food/treat intolerance? Details of Regular medication to be administered (products, frequency, times) www.pawsinnbotanybay.com.au
3	Neutered or spayed: Yes / No
4	Details of vaccinations: (confirmation required) Annual Booster Date: (for parvovirus/parainfluenza/distemper/leptospirosis/kennel cough) Date of last flea, tick & worm control:
5	Attitude toward other dogs:

6	Attitude toward other animals:
7	Attitude toward people/children:
8	Any aggression shown at mealtimes?
9	Any aggression shown with toys/chews/treats?
10	Does your dog show any desire to escape?
11	Do you require your dog to be off leash in a safe environment? Yes / No?
12	Basic obedience: SIT STAY COME
13	Any other fears (i.e. thunder storms, fireworks, vacuum cleaners)?
14	Attitude toward car travel?

Booking Details:	
Start date & time:	
End date & time:	
Pick up date & time:	
Return date & time:	

I confirm that the above details are correct and accurate. I confirm that I have read and understood the Paws Inn Botany Bay Terms and Conditions including liability. Should my dog require urgent medical assistance, I authorise you to obtain the appropriate treatment and confirm that I will be responsible for any veterinary costs incurred.

Signed:

Name:

(BLOCK CAPITALS)

Date:

Please return completed form to: info@pawsinnbotanybay.com.au or Paws Inn Botany Bay. 1060 Botany Bay Rd, Botany Bay. 2019