## The Oaks Boarding Kennels (All 4 Pets)

Graveoak Lane, Leigh, Lancashire, WN7 3SE, 01942 671215

	OWNER DETAILS:			Allocated Kennel:					
		Reference:							
	·* a	-		***************************************			HI CONTROL OF THE STATE OF THE		
Tel No (Home)			Mobile:						
Name:			:	Telep	hone:				
			Microchip:						
			Weight:						
			Age:						
			Sex:		Neute		ered?Y/N		
					200 00				
From (Day & Date):			Colle		ction	?Y/N	Time:		
Until (Day & Date):			Deliver		ery?	Y/N	Time:		
Amou		nt:			How often:				
					Te	l. No			
			Kennel Cough? Y / N Checked (staff):						
Date:									
Date: Pr			Product:						
r/N Coprocedures	Company: s / concerns	:							
n How often			W			/hat time(s)			
					T Les	1			
	Date: Date: Date: procedure:	Date: Date: Date: Pate: f / N Company: procedures / concerns cation	Name:  Amount:  Date: Kenne Date: Product  // N Company:	Microc Weight Age: Sex:    Amount:	Microchip: Weight: Age: Sex:  Colle Deliv  Amount:  Microchip: Weight: Age: Sex:  Colle Deliv  Amount:	Microchip:  Weight: Age: Sex:  Collection: Delivery?  Amount:  Te  Date: Product: Date: Product:  O' N Company: procedures / concerns:	Microchip:  Weight: Age: Sex: Neut  Collection? Y / N Delivery? Y / N  Amount: How of  Tel. No  Date: Kennel Cough? Y / N Ch Date: Product: Date: Product:  (/ N Company: procedures / concerns:		

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Daily Rate:	£
Number of Days (or part day):	
Total Boarding:	£
Extras:	//////////////////////////////////////
Collection & Delivery:	£
Grooming:	£
Accessories (ie. ID tag):	£
Administering supplied Medication:	£
Additional Vet Fees:	£
Other (please specify):	
,	£
Total Costs:	£
Less Deposit Paid:	£
Amount Due :	£

I agree to and accept the Terms and Conditions of the Oaks Boarding Kennels (All 4 Pets). I accept the risks of kennelling any pet, with or without full routine vaccinations (including kennel cough) and authorise the Proprietors to utilise the services of a Veterinary Surgeon (on site when possible, or otherwise) if necessary and at their discretion. I understand that any veterinary fees accrued whilst under the care of All 4 Pets will be the responsibility of the owner and payable on return of the pet to their care, or beforehand.

I authorise All 4 Pets to contact my veterinary surgery if deemed necessary for information relating to the above on the understanding that my authorisation will be required in order for information to be released. I authorise All 4 Pets to look up details relating to the above microchip number to verify and advise me on the information held as appropriate.

I understand that, as it is a requirement that all dogs wear a collar and ID tag, if the above does not have one on admittance to the kennels then one will be produced and the cost added to my final amount due. A non-refundable deposit of £10.00 is required to secure any stay in the kennels. This will be deducted from the final amount due. Payments are accepted by cash or card. Cheque payments are not accepted at the end of the boarding period.

'The 'Daily Rate' is understood as the amount payable per day or any part thereof.

I understand that if any pet is left in the care of All 4 Pets for a period of 21 days or more, without payment (excluding initial deposit) or an agreement for payment in place, then ownership of the pet will transfer to All 4 Pets without further consultation and the pet may be rehomed to prevent further losses.

I would like my pets housed SEPARATELY / TOGETHER (homes with multiple pets-delete as appropriate)

SIGNATURE:		
	(Owner or Authorised Representative)	
Date:		