

FLEUR'S FURRY FRIENDS HOME BOARDING BOOKING FORM

Meet and Greet Date:	(leave b	lank if not yet arranged)
Owner Information:		
Name: Mr/Mrs/Miss	First Name: Surname:.	
Address:		
Postcode:		
Home Phone:	Work Phone;	
Mobile Phone:	Email;	
Partner Name: Mr/Mr	rs/Miss First Name: Surn	ame:
Mobile Phone:	Email:	
Emergency Contact: (c	other than yourself or partner)	
Name: Mr/Mrs/Miss	First Name: Surnan	ne:
Address:		
Contact Number:		
Boarding Details:		
Arrival Date:	Arrival Time:	
Collection Date:	Collection Time:	
If we are boarding mor hutch/room together?		u give permission for them to be kept in the same
Has your pet been in b	poarding previously? (any relevant details)	
Pet Information:		
Name:	Breed: DOB:	Age:
	when you got it?	
Size: Small/Medium/La	arge	
Neutered Y/N		

Distinctive Markings (if any)
Has your pet ever bitten/nipped either yourself, any member of the family (child or adult), carer or stranger:
Y/N If yes, please be more specific:
Does your pet live with children? Y/N
Is your pet happy and safe to interact with children? Y/N
Veterinary Information:
Name of veterinary practice:
Address of practice:
Telephone Number:
Do you have pet insurance? Y/N Details of insurance
Please give details of any existing medical conditions and medication required:
Are your pet's required vaccinations up-to-date at the time of filling in this form? Y/N (please provide a copy of the up-to-date vaccination record) Date when next vaccination is due
Feeding
Time of feed and quantity:
Brand of food:
Exercise:
Do you grant permission for your rabbit/guinea pig to be exercised alone in a secure run in the garden weather permitting? Y/N
Do you give permission for Melanie Johnson of Fleur's Furry Friends to take photographs of your pet(s) for social media purposes? Y/N
Do you give permission for Melanie Johnson of Fleur's Furry Friends to use enrichment toys/equipment during thei time here? Y/N
Do you grant permission for Fleur's Furry Friends to give your pet(s) occasional food treats? Y/N
Please advise of any behaviours that we should be aware of:
How does your pet react to being touched (tail, paws, ears etc.)?

If your pet requires grooming whilst in the care of Fleur's Furry Friends, please provide all relevant		
equipment and instructions		
Please note your pet will be boarded in hutches/cages alongside other pets using our services. Please indicate your consent to this by signing below.		
PLEASE GIVE DETAILS OF ANY OTHER INFORMATION THAT WOULD BE RELEVANT OR USEFUL:		
I CAN CONFIRM THAT THE INFORMATION IN THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE		
SIGNED:		
DATE:		

The purpose of this form is to obtain as much information about your pet in order to evaluate suitability for boarding.

Personal contact details are required so a line of communication can be maintained at all times. Likewise, the client must also feel they are able to contact the boarding provider.

Pets are individuals therefore each booking will be assessed accordingly.