BOOKING APPLICATION FORM

I accept the conditions of boarding as shown in your prospectus and wish to board my dog(s)/cat(s).

Date From : **To :** **No. of dogs :** **No. of cats :**

Owners name :

Address :

Tel :

Email :

Temporary contact of relative/friend in case of emergency :

Vets name :

Vets Tel:

Pets name : **Breed :** **Colour :** **Age :**

Do you require a collection and/or delivery service **(please circle)** **yes** **no**
Have you boarded with us before **yes** **no**
Deposit enclosed **£**
Vaccination certificate enclosed **yes** **no**
Children under the age of 16 years will not be permitted to view the kennels
I understand to abide by the rules and regulations laid down by the management of Lyde Kennels, and I also understand that while every care will be given to my dog(s)/Cat(s), I am boarding it/them at my own risk.
I authorise you to call a veterinary surgeon on my behalf if you consider it advisable.

Signed: **Date:**

Please return the form to: Lyde Kennels, London Road, Hatch, Basingstoke, RG24 7JL.