**Booking Form**

***COMPLETE ALL SECTIONS FULLY***

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

HOLIDAY / TRIP DETAILS:

|  |  |
| --- | --- |
| Drop off Day \*Must be between 9am and 11:30am |  |
| Collection Day: |  |
| Collection Time (9am-10am incl, after 10am day/credit charged) |  |
| Destination: |  |
| Flight Departure Details: |  |
| Stay details: |  |
| Flight Return Details : |  |

OFFICE USE:

|  |  |  |
| --- | --- | --- |
| TOTAL NIGHTS |  | |
| BANK HOLIDAY / XMAS ADJUSTMENT |  | |
| TOTAL PRICE |  | |
| 50% Deposit DUE £: |  | PAID: |
| Balance DUE DATE: |  | PAID: |
| CUSTOMER: |  | |
| I hereby sign to confirm understanding and acceptance to T&C’s as found [www.camptailsdoggydaycare.com](http://www.camptailsdoggydaycare.com) |  | |
| Print Name:  Date: |  | |

*Copy and staple receipt to retain card details in case of non-payment / fee / abandonment*

DROP OFF DAY FORM

|  |  |
| --- | --- |
| Emergency Contact Name: |  |
| Emergency Contact Number: |  |
| Emergency Contact Email: |  |
| Vet Details: |  |
| Food Supplied: |  |
| Feed Frequency: |  |
| Quantity per portion: |  |
| Treats Left: |  |
| Dog Weight: |  |
| Items Left for stay: |  |
| Meds / Illness within 48hrs |  |
| Notes: |  |