# **Penny’s Pooches - Handover Declaration**

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| **Dog’s Name:** |  | **Client Name:** |  |
| **Dog’s Age:** |  | **Client Phone:** |  |
|  |  | **Client Email:** |  |
|  |  |  |  |
| **Dates of Stay** |  | **to** |  |
| **Drop off time:** |  | **Collection time:** |  |

|  |  |
| --- | --- |
| **Vet Name:** |  |
| **Vet Phone:** |  |

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| --- | --- |
| **Vaccination Status** | **In Date (yes/no)** |
| canine parvovirus |  |
| canine distemper |  |
| canine adenovirus/infectious canine hepatitis |  |
| leptospirosis |  |
| kennel cough (Bordetella bronchiseptica) |  |

Primary vaccination courses must be completed at least 2 weeks before boarding. Vaccines used must be licensed for use in the UK. An up-to-date veterinary vaccination record may be requested at handover.

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| **Treatment for external and internal parasites** | **Date last treated** |
| Flea treatment (name of treatment: ) |  |
| Worm treatment (name of treatment: ) |  |

Indication of parasites at handover may result in refusal to board.

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| **Any medication currently being taken or due, or any medical condition:** | |
|  | |
| **Client Declaration** | |
| I acknowledge that I have submitted a Pooch Passport (for each dog) providing detail of their routines and needs and that the information provided remains accurate. | |
| I acknowledge that medical care may be sought from an alternative vet during boarding and, whilst every effort will be made by the licencee to contact me before any treatment is given, I accept that the cost of this treatment is additional to any agreed boarding fee and will be recoverable from me before the end of the boarding period. | |
| Client Signature: |  |
| Date: |  |

|  |  |  |  |  |  |  |  |
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|  |  | | | Items Provided at Handover | | |  |
| ***Crate*** | |  | ***Wet Food*** | |  | ***Lead*** |  |
| ***Bed*** | |  | ***Dry Food*** | |  | ***Collar*** |  |
| ***Car Harness*** | |  | ***Treats*** | |  | ***Medication*** |  |
| ***Specific Toys:*** | |  | ***Bowls*** | |  | ***Brush*** |  |
| Anything additional: | | | | | | | |