

HUSKY HEAVEN RESCUE

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NPC 2014/153344/08

Boarding Reservation Form

All information provided will be held in strict confidence and will not be disclosed to any other party.

PERSONAL DETAILS

Name:

Address:

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Mobile No: (Home)..... (Work).....

YOUR PETS

Breed/Size of Dog	Name	Sex	Age
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Pets Vet:

Vaccination Date:

Whom should we contact, if there are any problems?

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Does your dog have any medical history that we should know about?

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Any information that would be useful e.g. aggressive behaviour towards other animals or people, fears of traffic, excessively strong ect >>>>.....

.....

Do you want to supply your own food during your dogs stay? ____ Yes ____ No

Is your dog allowed additional treats?.....

CONSENT

If necessary we reserve the right to take an animal to your veterinary practice. All animals must be registered with a veterinary practice. As a licence condition the business has a registered vet whom we may contact in an emergency. In the event that we are unable to contact you, should your pet require any treatment you will be required to settle the account on return. Proof of up to date vaccinations must be provided. Kennel cough vaccination is strongly recommended.

Signature _____ Date _____