

**Wayside Kennels & Cattery – Tel: 01462 813261**

Chapel Road, Meppershall, Beds. SG17 5NQ

[waysidekennels.cattery@yahoo.co.uk](mailto:waysidekennels.cattery@yahoo.co.uk)



**DOG REGISTRATION FORM**

Owners Name.....Email.....

Address and Postcode .....

Tel. home.....Mobile.....

EMERGENCY CONTACT /name/ number (s).....

**\*\*\*Please note – on rare occasions your emergency contact may be required to look after your pet**

Dogs Name.....Breed.....

D.O.B.....Male / Female When in season.....

Dogs from the same family will be housed together unless requested otherwise

Dogs housed together YES / NO Feed - together / apart (please delete).....

Behaviour issues, History and Temperament (aggression, bites, chews bedding, guarding etc).....

**HAS YOUR DOG EVER BITTEN OR ATTACKED ANY PERSON OR ANIMAL? YES OR NO.....**

IS YOUR PET INSURED – If so – who with.....

MICRO CHIP NUMBER .....

**DIET (please give details of quantity & routine).....**

- Pedigree Chum with / without mixer      Pedigree Dry Complete – Dry / Moist Chappie
- Meat with/without mixer      Chappie dry /moist
- Butchers with/without mixer      Bakers Complete - Dry / Moist
- Trophy Special-Dry/Moist      Trophy chicken and corn
- Own food we are happy to feed supplied food but offer no discount

*Has your Dog attended any other kennel YES / NO if yes kennel name .....*  
as your pet been refused entry to Kennels – YES / NO If YES please explain why.

**Veterinary Surgeon.....**

**FULL VACCINATIONS INCLUDING THE KENNEL COUGH ARE COMPULSARY AND REQUIRED FOR YOUR DOGS PROTECTION PLEASE ASK YOUR VET FOR GUIDANCE.**

*We reserve the right to refuse entry to any pet, if vaccinations are not complete, correct or up to date. a pet that shows any signs of illness or mistreatment, considered to be too old or fragile for boarding*

**Annual Booster – Date Given..... Date Due.....**

**Kennel Cough – Brand.....Date given.....Date Due.....**

**Annual Boosters and Kennel Cough MUST BE ADMINISTERED at least 2 Weeks before boarding.**

**New Courses for young pets or lapsed vaccinations will take approx 6 weeks – please ask your vet**

**MEDICATION Reason Required.....**

**Details .....**

*I have seen / been given and accept the Business Hours and Terms and Conditions*

Signed.....

**Additional Comments**