THE DOG GROVE

DOG ADMISSION & REGISTRATION FORM

Loving care with safety, experience and heart

1 · STAY

☐ Overnight boarding ☐ Day care

Stay from: _____ **To:** _____

2 · OWNER & CONTACT DETAILS

Full name: _____

Street / House no.: _____

Postcode / Town: _____ **NIE / ID no.:** _____

WhatsApp: _____ **E-mail:** _____

Emergency contact: _____ **Telephone:** _____

Person(s) authorised to collect: _____

3 · DOG DETAILS

Name: _____ **Breed / Cross:** _____

Date of birth / Age: _____ **Sex:** ☐ Female ☐ Male

Neutered / spayed: ☐ Yes ☐ No **Colour / Identifying features:** _____

Microchip no.: _____

Pet passport no.: _____

Vet / Practice: _____ **Telephone:** _____

IMPORTANT: Please complete a separate form for every additional animal.

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4 · VACCINATIONS & PARASITE CONTROL

Date of last vaccination: _____

Date of last parasite treatment: _____ **Product:** _____

A valid pet passport will also be checked when the animal arrives.

5 · HEALTH & MEDICATION

Existing medical conditions:

_____

_____

Allergies / Intolerances:

_____

Current medication - name, dosage, time and method of administration:

_____

Illness symptoms or veterinary treatment within the last 14 days: ☐ No ☐ Yes, explained above

6 · FEEDING

Food brand: _____ **Amount:** _____

Food: ☐ Owner-supplied food ☐ Food provided by The Dog Grove

Treats from The Dog Grove: ☐ Yes ☐ No

7 · BEHAVIOUR & SAFETY

Important information for safe handling:

For example: avoid sudden movements, sensitive areas, particular reactions to touch, attempts to escape or other important information.

_____

_____

_____

Known biting or scratching incidents: ☐ No ☐ Yes, explained above

Dogs are housed individually. Only 2 to 3 dogs from the same household may share one kennel.

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8 · EMERGENCY VETERINARY CARE

If veterinary treatment becomes necessary during the stay and the owner or emergency contact cannot be reached in time, The Dog Grove may transport the animal to an appropriate veterinary practice or clinic and arrange any necessary initial treatment.

☐ I grant this permission. ☐ I do not grant this permission.

Preferred veterinary practice: _____

Maximum amount without prior approval: _____ € (emergencies excluded)

To the extent permitted by law, the owner is responsible for the costs of necessary veterinary treatment and transport.

9 · OPTIONAL PHOTO & VIDEO CONSENT

Photos or videos of the animals may occasionally be taken during their stay. Please indicate whether images of your animal may be published. If no box is ticked, publication is not permitted.

☐ Yes, on Instagram ☐ Yes, on the website ☐ No

☐ Yes, on Instagram and the website

Consent is voluntary, does not affect the care provided and may be withdrawn at any time for future use. The owner's personal details will not be published. People will only be photographed or published with separate consent.

Date: _____ **Signature for photo/video consent:** _____

10 · OWNER'S CONFIRMATION

☐ I have fully disclosed all known medical conditions, medication, allergies and behavioural concerns.

☐ I will inform The Dog Grove immediately of any changes before the stay begins.

☐ I confirm that the information in this form is accurate and up to date.

☐ I have received and accepted the current admission and care terms.

11 · SIGNATURES

Place / Date: _____ **Name in block capitals:** _____

Owner's signature: _____

The Dog Grove signature: _____