



Little Bones
27 Greenways
Southwick
Brighton
BN42 4QJ
Tel. 07808 398 736
Email:- Brian@littlebones.co.uk
Registration Number LN/201500000

Registration Form

Name of Guest Dog:-.....

Date:-

Email:-.....

Description of Dog:-.....

Dogs Age:-.....

Name of Owner:-.....

Telephone Number:-.....

Address of Owner:-.....

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Third Party Emergency Contact Details:-.....

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Veterinary Surgeon (name, address and contact telephone number):-.....

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Microchip Number :-.....

State of Dog's Health:-.....

Any Known Allergies:-.....

Date of Last Flea/Parasite Treatment:-.....

Date of Last Worming:-.....

If Girlie Dog Date of Last Season:-.....

If Male Dog is he Neutered:-.....

Any Medication During Stay:-.....

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Has Your Dog Been involved in any Aggressive Behaviour - Full details - Past or Present :-

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Does your Dog Socialise well with:-

Children Yes/No

Adults Yes/No

Other Dogs Yes/No

Please tick to give your consent for us to :-

1. Walk your dog outside the home environment or garden.
2. Let your dog off the lead. (N.B. We never walk dogs off the lead)
3. Walk your dog with others other than those from its household.

Any Other Relevant Information: e.g-Personality traits, special words of comfort, favourite toys, anything else you would like us to know.

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Please provide a copy of latest vaccination records which must include Distemper and Canine Parvovirus. All dogs must have current vaccinations. Kennel Cough vaccinations is required for dogs from same household.