



Client Registration & Booking Form

Welcome

Thank you for choosing Burnside Home Boarding. This pack helps us provide safe, personalised care for your dog while meeting our licensing requirements. Please complete the registration once, then use the booking page for each stay.

Owner Registration

Owner Name(s): _____

Address: _____

Postcode: _____

Mobile: _____ Email: _____

Do you use WhatsApp? Yes /No

Emergency contact while you're away (Name/Address/Relationship/Phone):

Veterinary Practice: _____ Phone: _____

Address: _____

Do you have Insurance for your dogs? Yes / No

Insurance Company (optional): _____ Policy No: _____

Phone: _____

Dog Profile – Pet 1(one page per dog)

Name: _____ Breed: _____ DOB: _____

Sex: _____ Neutered: Yes / No

Microchip: _____

Colour/Description: _____

Vaccinations up to date: Yes / No

Kennel Cough: Yes / No

Flea Treatment up to date: Yes / No

Worm Treatment up to date: Yes / No

Medical Conditions / Allergies:

Medication (include dosage & times):

Exercise Restrictions:

Daily Routine

Food & Feeding Times:

Favourite Treats:

Sleeping Routine:

Favourite Toys/Games:

What helps your dog settle?

What should we avoid?

Behaviour & Personality

With Dogs: Friendly / Selective / Nervous / Reactive

With People: Friendly / Shy / Fearful / Protective

Lead Walking: Loose / Pulls / Reactive

Recall: Reliable / Training / Not Suitable

Tick if applicable: ☐ Resource guards ☐ Escapes ☐ Chases wildlife ☐ Separation anxiety ☐Toileting accidents ☐ Barks excessively ☐ Digs ☐ Chews ☐ Jumps up ☐ Eats poo

Anything else you'd like us to know (continue overleaf if required):

Dog Profile – Pet 2 (if applicable - one page per dog)

Name: _____ Breed: _____ DOB: _____

Sex: _____ Neutered: Yes / No

Microchip: _____

Colour/Description: _____

Vaccinations up to date: Yes / No

Kennel Cough: Yes / No

Flea Treatment up to date: Yes / No

Worm Treatment up to date: Yes / No

Medical Conditions / Allergies:

Medication (include dosage & times):

Exercise Restrictions:

Daily Routine

Food & Feeding Times:

Favourite Treats:

Sleeping Routine:

Favourite Toys/Games:

What helps your dog settle?

What should we avoid?

Behaviour & Personality

With Dogs: Friendly / Selective / Nervous / Reactive

With People: Friendly / Shy / Fearful / Protective

Lead Walking: Loose / Pulls / Reactive

Recall: Reliable / Training / Not Suitable

Tick if applicable: ☐ Resource guards ☐ Escapes ☐ Chases wildlife ☐ Separation anxiety ☐Toileting accidents ☐ Barks excessively ☐ Digs ☐ Chews ☐ Jumps up ☐ Eats poo

Anything else you'd like us to know (continue overleaf if required):

Dog Profile – Pet 3 (if applicable - one page per dog)

Name: _____ Breed: _____ DOB: _____

Sex: _____ Neutered: Yes / No

Microchip: _____

Colour/Description: _____

Vaccinations up to date: Yes / No

Kennel Cough: Yes / No

Flea Treatment up to date: Yes / No

Worm Treatment up to date: Yes / No

Medical Conditions / Allergies:

Medication (include dosage & times):

Exercise Restrictions:

Daily Routine

Food & Feeding Times:

Favourite Treats:

Sleeping Routine:

Favourite Toys/Games:

What helps your dog settle?

What should we avoid?

Behaviour & Personality

With Dogs: Friendly / Selective / Nervous / Reactive

With People: Friendly / Shy / Fearful / Protective

Lead Walking: Loose / Pulls / Reactive

Recall: Reliable / Training / Not Suitable

Tick if applicable: ☐ Resource guards ☐ Escapes ☐ Chases wildlife ☐ Separation anxiety ☐Toileting accidents ☐ Barks excessively ☐ Digs ☐ Chews ☐ Jumps up ☐ Eats poo

Anything else you'd like us to know (continue overleaf if required):

Dog Profile – Pet 4 (if applicable - one page per dog)

Name: _____ Breed: _____ DOB: _____

Sex: _____ Neutered: Yes / No

Microchip: _____

Colour/Description: _____

Vaccinations up to date: Yes / No

Kennel Cough: Yes / No

Flea Treatment up to date: Yes / No

Worm Treatment up to date: Yes / No

Medical Conditions / Allergies:

Medication (include dosage & times):

Exercise Restrictions:

Daily Routine

Food & Feeding Times:

Favourite Treats:

Sleeping Routine:

Favourite Toys/Games:

What helps your dog settle?

What should we avoid?

Behaviour & Personality

With Dogs: Friendly / Selective / Nervous / Reactive

With People: Friendly / Shy / Fearful / Protective

Lead Walking: Loose / Pulls / Reactive

Recall: Reliable / Training / Not Suitable

Tick if applicable: ☐ Resource guards ☐ Escapes ☐ Chases wildlife ☐ Separation anxiety ☐

Toileting accidents ☐ Barks excessively ☐ Digs ☐ Chews ☐ Jumps up ☐ Eats poo

Anything else you'd like us to know (continue overleaf if required):

**Booking Details (To be completed for each stay)**

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Collection Time: _____

Permissions & Consents (✓ or X)

- ☐ Emergency veterinary treatment authorised.
- ☐ Transport to veterinary practice authorised.
- Treatment limit: £_____ or ☐ No limit
- ☐ Administer prescribed medication.
- ☐ Administer emergency parasite treatment if required.
- ☐ Garden access off lead.
- ☐ Walks outside the property on lead.
- ☐ Group walks (where appropriate).
- ☐ Off-lead walks (subject to suitability assessment & agreement).
- ☐ Basic grooming & enrichment activities.
- ☐ Emergency first aid including CPR authorised.
- ☐ I consent / ☐ I do not consent to photos/videos for Burnside Home Boarding marketing.

Owner Signature: _____ Date: _____

Arrival Checklist

- ☐ Food ☐ Treats ☐ Lead ☐ Harness ☐ Collar & ID ☐ Bed ☐ Blanket ☐ Toys ☐ Medication ☐
☐ Brush ☐ Coat ☐ Travel itinerary ☐ Emergency contact details



Preventative Healthcare

(Licensed Boarder to complete for each dog on each visit)

Dogs Name:.....

☐ Vaccination record seen and copied for file

☐ Vaccinations Valid

☐ Flea Treatment

Date last administered: _____

Product used: _____

☐ Worming Treatment

Date last administered: _____

Product used: _____

Additional parasite prevention information (if applicable):

Medication Section (see administration sheet for log)

- Medication name
- Strength
- Dose
- Time(s) to administer
- How should it be given? (e.g. with food, hidden in treats)
- Reason for medication

Returning Customers

"I confirm that the information already held by Burnside Home Boarding remains correct except for any updates I detail below."

Health Check Before Each Stay

- Has your dog had any illness or injury since their last stay?
- Any medication changes?
- Any behavioural changes?
- Any dietary changes?
- Any changes to exercise requirements?

Signed:.....Owner

Signed:.....Burnside Home Boarding

Date:.....