

PAWS AT PLAY

christina@pawsatplay.co.za

Owner - Christina 079 3049155

BOOKING IN FORM

Hours:

Mon - Friday (8h00 - 16h00)

Manager: Riccardo

(PLEASE NOTE WE ARE CLOSED ON WEEKENDS AND PUBLIC HOLIDAYS FOR DROP OFF AND PICK UPS)

ACCOMODATION REQUIRED:

(Cottage / Condo/Inside Unit Standard/Penthouse)

Owner Name & surname

Cell No

Email Address

Street Adress (REQUIRED PLEASE)

Suburb

Postal Code



Required Dates for Boarding

Price

From: _____ **To:** _____

Kindly request an updated pricelist via Whatsap

Your information will not be shared, this is for our Computer system and only needs to be completed once.

Check out time 11:00am unless arranged otherwise

(No late drop off's or pick up's)

Non refundable Deposit on Confirmation

(50%) of Invoice value _____

Balance payable 3 days prior to drop off by **EFT.** (Please Email or Whatsap POP)

(DOGS WILL NOT BE ACCEPTED SHOULD YOUR ACCOUNT NOT BE PAID UP BY DATE OF DROP OFF)

Banking Details:

Bank: ABSA Cheque a/c

Account Name: C Dos Santos T/A Paws at Play

Account No: 01008133715 Branch Code: CENTRAL

Please use your name and Surname as a reference

*We would like to know all there is to know about your Pet
This will ensure we give him the care he deserves*

DOG NAME :	BREED & COLOR	MASS	APPROX AGE
1)			
2)			
3)			
4)			
5)			

We feed according to the dog's mass, please check weight of your dog, thank you

STATISTICS			SPAYED / NEUTERED
DOG NAME :	MALE	FEMALE	YES / NO
1)			
2)			
3)			
4)			
5)			

We do not accept ANY AGGRESSIVE DOGS, NO MATTER THE SIZE.

We apologise for the inconvenience, but our motto is PAWS AT *PLAY*

MY EATING HABITS: *We provide chicken MINCE an old time favorite at no extra charge*

Dog Name:	How many meals per day & Qty CUPS	CHICKEN MINCE (YES / NO)	
1)			
2)			
3)			
4)			
5)			

MY PERSIONALITY

PLEASE GROOM ME	I BITE	I may socialise or share with other dogs	
YES / NO	YES / NO	YES	NO
1)			
2)			
3)			
4)			
5)			
I LIKE TO SWIM	YES	NO	

Any physical problems in the last 6 months? (*This helps us care for your Pet, please specify*)

If YES, to the above, please tell us more

DETAILS

Treated by Vet Name _____

Tel No of Practise _____

Approx Date _____

I AM ON MEDICATION:

YES

NO

If yes, kindly put in ZipLock Bag with clear instructions of administration.

Paws at Play take no responsibility for any medication. We will administer meds strictly as per your detailed instructions. We assure you of our best intention at all times.

VACCINATIONS: Please ask for a detailed list of Vaccines required, this can be sent via Whatsap

TERMS AND CONDITIONS OF ACCEPTANCE:

Management of 'Paws at Play', will not be held responsible for loss, damage, injury, sickness and or deaths of pets however arising.

All dogs to have been immunized against distemper, hepatitis and parv-virus and against pneuminitis within 6 months of entry. Kennel Cough has to be administered by your Vet atleast 14 days before entry.

PLEASE E-MAIL A COPY OF YOUR DOG/S, VET BOOK WITH YOUR BOOKING

TICK N FLEA TREATMENT

Tick Bite fever is deadly, please treat your dogs with appropriate Tick 'n Flea Treatment

We take no responsibility for Tick Bite Fever as we are against using Pesticides which could be harmful to our Visitors

INJURY OR ILLNESS

I give permission to have my animal seen to by your Vet in case of any illness or injury. I agree that the Medical account will be added to my final account and will not be the responsibility of Paws at Play.

Kindly circle your Vet of preference, below, in case of emergency.

PARK VET, KINGFISHER ROAD or BOKSBURG ANIMAL HOSPITAL, PAUL SMIT STREET

We charge a small transportation fee for Transportation to and from the Vet.

VACATION TRANSPORTATION

Would you like us to COLLECT your pet / s for his vacation

NO

YES

Would you like us to DELIVER your pet / s home

NO

YES

Kindly enquire about our fee

PHOTO'S REQUIRED PLEASE

A photograph is printed on their Hotel Booking In Sheet and used for identification

PLEASE WHATSAP A CLEAR PHOTO OF DOG & NAME

This form only needs to be completed once for our records. In future, kindly whatsapp your booking dates to Christina or send an email to christina@pawsatplay.co.za

Your hereby give permission for your dog/s pictures or videos to be posted on our Facebook page

Kindly check our Facebook page for any updates on your pooches visit.

Signature

Name and Surname:

I hereby agree to your Terms and Conditions stated herein.

We thank you for trusting us with your furr child and assure you of our best attention and intention at all times during their stay with us.

Once your booking has been processed, you will receive a Booking as well as an Invoice which is self explanatory. Kindly sign our on line terms and conditions which will be emailed to you. Thank you for your understanding in this regard