


BOOKING FORM CHRISCHEN BOARDING KENNELS

Client Surname:			
Initials:		ID Number	
Contact details:	Home:		
	Cell:		
	Email:		
	Emergency name & number:		
Booking date:	From:	To:	
When will you be delivering & collection your pets?			
Day of arrival:	8:30-11:00 am		15:00-16:30 pm
Day of departure:	8:30-11:00 am		15:00-16:30 pm
	1	2	3
	4		
Pets Names:			
Breed:			
Size (S, M, L)			
Sex (Male / Female)			
Spayed / Neutered	Yes / No	Yes / No	Yes / No
Age:			
Color:			
Would you like heated kennel?	Yes / No	Yes / No	Yes / No
Indoor Kennel?	Yes / No	Yes / No	Yes / No
Food: Brand			
Medication:			
Nature: Normal / Aggressive			
Vet's Information:			
Veterinary Clinic:			
Doctor:			
Telephone numbers:			
Inoculations up to date?	Yes / No	Yes / No	Yes / No
Rabies			
Booster			
Dewormed			
Kennel Cough (Dogs)			
Sniffles (Cats)			
I acknowledge that I have read and agree to the terms and conditions as printed overleaf	I have received a copy of your Terms & Conditions		
	Signature Owner Date
Banking Details:			
Account name	Chrischen Kennels & Grooming Studio		
Bank:	Standard Bank		
Account Number	020 673 213		
Branch	Boksburg K90		
Branch Code	01-18-42		
			
Reference: Your Surname & Acc no.			
Contact Details:	011 979 3247 Tel		Hours: Monday - Friday 08:30 - 11:00 & 15:00 - 16:30 Office Closed Public holiday's & Weekends
	082 781 8034 MOBILE		
	086 519 8272 FAX		
	chrischen@mweb.co.za		