

Opening Times: 09:30 to 10:30 or 16:00 to 17:00 Monday to Friday  
Saturday, Sunday & Bank Holidays 09:30 to 10:30 Only.

Dates of Stay:    Holiday 1. From: \_\_\_\_\_ AM-PM                      To: \_\_\_\_\_ AM-PM  
                          Holiday 2. From: \_\_\_\_\_ AM-PM                      To: \_\_\_\_\_ AM-PM  
                          Holiday 3. From: \_\_\_\_\_ AM-PM                      To: \_\_\_\_\_ AM-PM

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Vets Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Contacts Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Relationship to you? \_\_\_\_\_

If you have more than one pet of the same type (i.e. two dogs or cats) do you wish them to share the same room?

**YES/NO** \_\_\_\_\_

**Conditions of Acceptance... READ THIS CAREFULLY**

1. All dogs must have been inoculated against Distemper, Hepatitis, Leptospirosis, Canine Parvovirus, All Cats against Infectious Enteritis and Infectious Respiratory Disease (cat flu) and other relevant diseases. The course of vaccinations must have been completed at least four weeks before the date of boarding, or in accordance with the manufacturers instructions. (The certificate must be produced when you book your pet into the hotel.)
2. I am aware that it is **MANDATORY** that I vaccinate against Kennel Cough at least **14 days prior** to my dogs stay, in accordance with the manufacturer's instructions. Furthermore, due to the arbitrary nature of the disease I understand no insurance cover against this illness is available from the owners here and that should my pets contract it, I will pay any related medical bills. In addition, I agree to pursue no claims, monetary or otherwise against the owners in respect of this disease or any condition related or associated with it.
3. Whilst every possible care and attention is given to each animal staying with us, you agree we cannot be held responsible for loss, either from illness or other cause. In addition, you agree not to hold us liable for any illness, bodily harm or anything which effects the well being of your pet, whether contracted or caused at our establishment or not.
4. You agree that a Veterinary Surgeon be called if we deem it necessary and that the account will be paid by you, the owner on collection of your pet. If, however the incident or illness is covered by our insurance policy (unrelated to previously treated conditions) our insurers will pay the cost if the claim is successful, up to the maximum limit of each type of claim. For claims which exceed that amount you agree to pay yourself any amounts over and above said limit (amounts provided on request) regardless of fault and you further agree not to make any attempts to recover the excess amounts from us under any circumstances. This to include any amounts specified as pain & suffering, mental anguish etc.
5. I understand that leaving a dog or cat in a pet hotel is like leaving a child in school. Colds, coughs, viruses, etc. may occur. I am aware of this and I accept the risk myself. Furthermore I agree not to hold the owners here responsible in any way for such an incident should it occur to my pets whilst they are staying here.
6. I agree that on this and any subsequent occasions to be bound by these conditions regardless of whether an additional booking form has been completed.
7. You agree hotel bills will be paid in full including any associated costs on collection / delivery of your pet. In the event you return earlier than anticipated and you wish to collect your pet /s before your stated collection date, you agree to **PAY THE COST OF THE FULL BOOKING PERIOD MINUS A FOOD ALLOWANCE DEDUCTION OF 50 pence per day (dogs, no deductions for cats or other pets) FOR THE UNUSED PORTION OF THE BOOKING. Cancellation of your booking will result in the loss of any deposit you have paid. For cancellations with less than 45 days notice before the arrival date you agree to pay the hotel bill for the booking period in full minus the food allowance stated above.**
8. You agree to disclose any information on the form which may affect our decision to board your pet here. Examples of such information would be: aggression, pets with a known history of escaping from any environment, pets known to climb over walls, enclosures or any structure designed to contain them including their own home. If in doubt as to whether something needs disclosing, you should **ALWAYS** supply the information and allow us to decide its relevance.
9. If during your pets stay they damage the room in any way, we reserve the right to charge the cost of repair or replacement to the damaged room / item. You agree to pay the amount applicable on collection along with the bill for your pets stay.

**I agree to board my animal under the above conditions. I also agree that if the animal is not collected within seven days of the date on which it was due to leave the hotel and no communication is received from me by the Hotels Owner, my authority is given to sell, re-home or otherwise dispose of the animal at the Hotel Owners discretion.**

Owners Signature \_\_\_\_\_ Deposit Required £ \_\_\_\_\_

# Posh Paws

## Luxury Animal Hotel

### Booking Contract

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Pet Name 1: \_\_\_\_\_  
Room type: Standard  Luxury  Cat Cabin

Dog or Cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Inoculations Date: \_\_\_\_\_ KC. Date: \_\_\_\_\_

Type of Food Required: \_\_\_\_\_ Amount: \_\_\_\_\_

Medication Required: \_\_\_\_\_

Pet Name 2: \_\_\_\_\_  
Room type: Standard  Luxury  Cat Cabin

Dog or Cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Inoculations Date: \_\_\_\_\_ KC. Date: \_\_\_\_\_

Type of Food Required: \_\_\_\_\_ Amount: \_\_\_\_\_

Medication Required: \_\_\_\_\_

Pet Name 3: \_\_\_\_\_  
Room type: Standard  Luxury  Cat Cabin

Dog or Cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Inoculations Date: \_\_\_\_\_ KC. Date: \_\_\_\_\_

Type of Food Required: \_\_\_\_\_ Amount: \_\_\_\_\_

Medication Required: \_\_\_\_\_