**Waggy Trails Customer consent form**

Customer name.

Customer address.

Customer contact number.

Name of Pet.

Breed of pet.

Age of pet

I give my consent for my dog ……………………………………….

To be walked off lead during walks yes no

To be walked off lead on solo walks Yes no

To be kept in a room with other dogs at 58 High Oaks St Albans during the day

Yes No

To be kept in a room with other dogs overnight.

Yes no

To have the medication I have provided to be administered by Elaine Blencowe.

Yes No please state if non applicable.

For my dog to be washed in the event that they become covered in dirt or faeces.

Yes No

For basic first aid to be provided by Elaine Blencowe should my dog become injured until veterinary assistance can be sort.

Yes No

For my dog to be separated or crated should it become a danger to other dogs in Elaine Blencowes care.

Print name

Signature

Date