

**TERMS AND CONDITIONS APPLY TO ALL CONFIRMED BOOKINGS**

1. Please note this form is to be used to make a **booking** (regular clients) **OR** to request a **quote**

(new clients) – please indicate which option you want to use below.

1. New clients **must** please advise the breed and size of their dogs.
2. Bookings are only confirmed after receipt of your non-refundable deposit, and all bookings are payable in advance.
3. Our wellness section provides vaccination details required.
4. For all bookings, we require the latest vaccination certificate at least 14 days prior to check in.
5. ***If anybody else is collecting the animals on your behalf, we require advance notice as well as id and vehicle registration number, for security reasons.***

**Name and Surname: ID/ Passport No:**

**P E R S O N A L D E T A I L S**

**Book me Quote me**

**Date of arrival: Date of departure:**

**Time of arrival: Time of departure:**

**Dog Cat**

Name/s, size and breed

**Date last vaccinated:** at least 14 days prior to check in

**Sterilised: Socialised:**

Y

N

Y

N

Y

N

Y

N

**Food preference:**

**Supply my own:**

**Camelot to supply dry food:**

Please specify and book deepfreeze space if required here

**E X T R A S - p l e a s e b e a c c u r a t e a s s o m e o f t h e s e i t e m s m a y a f f e c t y o u r c o s t s**

***Transport to be arranged privately via office.***

**Baths to be arranged privately via office: Heated kennel:** only available in winter

Y

N

Y

N

N

**Own bedding supplied:**

Y

We provide basic, sturdy bedding, as the fleecy pillows are destroyed regularly. You are welcome to bring something from home & hope it remains intact! NO FOAM RUBBER PLEASE.

[enquiries@camelotkennels.co.za](mailto:enquiries@camelotkennels.co.za) | [www.camelotkennels.co.za](http://www.camelotkennels.co.za/)

**OFFICE HOURS:**

WEEKDAYS: 09:00 – 12:30 / 13:30 – 16:00 SATURDAYS BY APPOINTMENT ONLY

CLOSED SUNDAYS PUBLIC HOLIDAYS AFTER HOURS SURCHAGE APPLIES - EMERGENCIES

**Are any of your pets on medication or have special needs?**

Y

N

If answered yes, please provide full written details below and hand in the medication at check in.

**FOR OFFICE USE:**

Deposit paid:

Due on:

Y

N

Balance due:

Approved date: