



ZimZALA

CHECK-IN FORM

Owner Name & Surname :				
Address				
Contact details:		Mobile :		
		Home :		
		Office :		
		E-Mail :		
“Please complete additional form for more than 3 dogs”				
		Dog 1	Dog 2	Dog 3
Dog Call Name				
Breed				
Sex (Male/Female)		<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> M <input type="radio"/> F
Spayed/Neutered (Yes/No)		<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Date of Last Season (Bitches)				
Date of Last Tick & Flea Treatment				
Date of Last Deworming				
Date of Vaccinations		<i>Rabies</i>		
<i>NB “attach copy of vaccination certificate”</i>		<i>“5 in 1” DHPPi</i>		
		<i>Kennel Cough</i>		
Describe your dog/s social interaction with other strange dogs				
Medical Conditions				
Medication Required		<i>(List all)</i>		
Dietary requirements		<i>(owner to provide own food)</i>		
Name of Vet			Contact Number	

Please Note - We allow dogs with positive “Titer Test” results as an alternative to annual vaccination requirement.

ZimZala K9 Estate, R44, Stellenbosch, P.O.Box 12896, Die Boord, Stellenbosch, 7613.

Contact details: Office +27 21 880 1420 / Mobile +27 84 4402247, Email : info@zimzala.co.za Web : http://www.zimzala.co.za