**The Animal Welfare (Licensing of Activities involving Animals) (England) Regulations 2018**

Preventative Healthcare Plan for Business providing the following boarding activities

* Animal Boarding – Home Boarding / Home Day Care for Dogs

Dear

I am a licenced dog home boarder, and under the above legislation I am required to operate under specific licence conditions. Condition 18.2 requires me to provide a Preventative Healthcare Plan in accordance with MY business.

Please could I ask you to sign this letter in order to cover this condition in the regulations?

It states that you are my nominated veterinary practice with which I am registered and you confirm that you are able to treat and / or isolate any dogs as required that are in my care as part of my boarding business, in the event that my customer’s own chosen practice is not able to provide services or is too far away.

In the event of the death of a dog, I would ask your practice to cold store the body upon the owners return if the owners has not already specified other arrangements.

In the event of an infectious disease of a dog, I would ask your practice to either provide an isolation area until such disease is brought under control and/or upon the return of their owners or provide me with appropriate advice.

In any of the above events, the owners will have already been contacted and have signed my vet release form, giving me permission to seek care for their dog at both their own practice and my nominated veterinary practice.

I would supply their owners’ written consent form, their own vet’s details and an up to date copy of their dog’s vaccination records.

I confirm that all animals boarded as part of my business are fully vaccinated (or titer tested where available and appropriate) and have been treated for parasites in accordance with veterinary recommendations.

If you agree to this please could you sign this letter and return to me via email or post, or alternatively I can collect the letter at a convenient time for yourself.

**My business name is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My address is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My email is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My mobile number is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kind regards

Veterinary Practice Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Signer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_