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| **Your dog’s details** |
| Name |  |  |  |
| Breed |  |  |  |
| Gender |  |  |  |
| Date of birth |  |  |  |
| At what age did your dog come to you ? |  |  |  |
| Are you happy for us to use pictures of your dog on our website or Facebook page? |  |

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| **Your Details** |
| Name |  |
| Address |  |
| Home No. |  |
| Mobile No. |  |
| Email address |  |
| Emergency contact | Name |  |
| Contact No. |  |

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| **Behavior** |
| Does he/she respond well to other dogs?  |  |
| Are there any issues with larger dogs, smaller dogs, or any particular breeds?  |  |
| What commands does he/she understand and do any have any special meaning? |  |

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| **Feeding** |
| You will be expected to provide your dog's food during his/her stay, can you give us a breakdown of the daily feeding routine?How often, how much and at what times ? |  |
| Is your dog a gobbler or a grazer?  |  |
| Is he/she given doggy treats?  |  |
| Do you feed him/her human food?  |  |

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| **Exercise routine** |
| How often is he/she walked each day and for how long?  |  |
| Is your dog happy travelling in the car?  |  |
| Is the walking off-lead or on-lead?  |  |
| Any tips to get him/her to come back?  |  |
| Is your dog happy to be towel dried?  |  |
| How will he/she respond to ……Livestock?Cats?Birds?Other animals? |  |

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| **In the house** |
| Is your dog allowed on furniture?  |  |
| Are there any rooms that he/she is not allowed into, ie: bedrooms? |  |
| Which room does he/she sleep in at night? |  |
| If your dog needs to be left alone in the house, where is he/she left? |  |
| What is the maximum time you would leave your dog alone in the house? Is there a routine you follow when you leave? |  |
| It is our policy to only have dogs from a single household at any time. However, on occasion, there may be a need for a 1 or 2 night overlap with another dog’s holiday. Is this is acceptable for you ? |  |

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| **Health and Welfare** |
| Has your dog been spayed/neutered?  |  |
| Are your dog’s vaccinations up to date?We ask that your dog is vaccinated before any visit |  |
| Are medicines required to be administered? If yes, please provide details |  |
| Does your dog require regular grooming? |  |
| Does your dog have an Identichip? If yes, do you have the indentichip number? |  |
| Do you have insurance and can you provide the name of the insurer and policy number ? |  |
| Name of Vet |  |
| Address of Vet |  |
| Phone number of Vet |  |
| If an emergency occurs and we are unable to make contact with either yourselves or your emergency contact, are you happy for us to take him/her to our local vet at our discretion ? |  |
| Is there any other information that you think would be helpful to us ? |

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| **It should be noted that if additional expenses such as vet bills or buying extra food are incurred during your dog’s stay, we would look for re-imbursement from the owner** |

Please return your completed questionnaire to bytheseapetcare@hotmail.com