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| **DOG’S INFORMATION** | |
| Dog’s name: | Breed: |
| Age: | Sex: |
| Neutered: Yes  No | Date of last season: |
| Microchip Number: | Date of last vaccinations: |
| Date of last flea treatment (& brand): | DHP: |
| Date of last worming treatment (& brand): | Lepto: |

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| Guardian’s information | | |
| Guardian’s name: | | Email: |
| Address: | | |
| Mobile number: | Alternative number (home/work): | |

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| **EMERGENCY CONTACT**  They must have your permission to decide about the care of your pet if we are unable to contact you in an emergency. | | |
| Contact name: | | Email: |
| Address: | | |
| Phone number: | Relationship: family / friend / vet / other | |

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| **VETERINARY INFORMATION** | |
| Veterinary practice name: | |
| Address: | |
| Phone number: | Email address: |

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| **INSURANCE INFORMATION** |
| Insurance company: |
| Policy number: |
| Contact number: |

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| **MEDICAL CONDITIONS & MEDICATION** |
| Does you dog have any past or present medical conditions we should be aware of: |
| Is your dog currently taking any medication, and if so, what, when and dosage (if Wrinkly Walks will need to administer): |

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| **SOCIAL SKILLS & BEHAVIOUR** |
| Please let us know about your dog’s character and behaviour (i.e. how do they react to other dogs when out & about, are there any breeds they don’t like, do they have any phobias): |

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| **ACTIVITY LEVELS** | | |
| Leisurely: | Active: | Super charged: |
| Please detail any restrictions on your dog’s activity (i.e. due to breathing problems, overheating, overexertion, weight management, and bone & joint conditions): | | |

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| **OTHER INFORMATION** |
| Please let us know if there is any other information you think would be relevant to the Services requested, so that we can provide the best possible care for your dog: |

Walks

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| **WALKS**  How long do you normally walk your dog for: |
| **CAR TRAVEL**  Where does your dog normally sit: Back seat  Front seat  Boot  Travel cage |
| **COLLECTION & DROP OFF ARRANGEMENTS** |
| Guardian will be there upon collection & drop off:  Key to be left on property:  Wrinkly Walks to hold keys:  Access / key box / alarm code: |
| **We reward our wrinklies for good behaviour with grain free treats. Is your dog allowed treats whilst in the care of Wrinkly Walks:**  Yes ☐ No☐ |

Daycare

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| **DAILY ROUTINE** |
| Please let us know about your dog’s normal daily routine (number of walks, times of day, nap times, feeding, & toileting etc): |
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Overnight Stays

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| **Wake-up time:** | **Bedtime:** | |
| **Where does your dog normally sleep at night:**  Own bed  in the lounge/bedroom/kitchen/other: The sofa  Crate trained  On our bed  We will always do our best to accommodate your dog’s normal sleeping routine. Unless otherwise agreed, they will always have a separate sleeping area from our resident wrinklies. | |
| **Do they have a bedtime routine** (garden for toileting, treat & bed; once round the block, cuddle & bed etc): | |

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| **MEALTIMES** | | | | | |
| Breakfast: | Time: | Lunch: | Time: | Dinner: | Time: |
| Snacks/treats: | | | | | |
| What do you normally feed your dog & in what quantities:  We ask that you kindly supply us with enough food to cover your dog’s stay at Wrinkly Walks. If we run out during your dog’s stay we will of course purchase more of the same (where possible) for which you will be charged. | | | | | |

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| 1. I consent for my dog/s to be fed in the same room as Wrinkly Walks resident dogs and outside of their designated room. Yes  No 2. I consent to the use of enrichment both inside and outside including grooming, socialisation, and play. Yes  No 3. I consent for my dog/s to use the garden area at the same time as Wrinkly Walks resident dogs.   Yes  No   1. I consent for the administration of medication and preventative treatment if required.   Yes  No   1. I consent for my dog/s to be taken to the veterinary surgery that the business is registered with if necessary. Yes  No 2. I consent for my dog/s to be boarded alongside Wrinkly Walks resident dogs.   Yes  No   1. I consent for my dogs to be kept in the same room together (applicable if more than one dog from the same household).   Yes  No   1. I consent for my dog/s to share the same room as Wrinkly Walks resident dogs.   Yes  No   1. I consent to the use of a crate, and this is part of my dog/s usual routine (please note it is license requirement that a crate door must not be shut for more than 3 hours in a 24-hour period, and therefore it will be left open overnight). Yes  No 2. I consent for my dog/s to be walked outside of the home environment / garden in the surrounding parks/fields and woods. Yes  No 3. I consent for my dog/s to be walked with Wrinkly Walks resident dogs. Yes  No 4. I consent for my dog/s to be walked with dogs from other households where they have been properly introduced and socialised with my prior agreement. Yes  No 5. I consent for my dog/s to be walked off the lead. Yes  No 6. In the event of an emergency, and my emergency contact and I cannot be reached, I consent for Wrinkly Walks to make medical decisions on my behalf and under the recommendations of a vet (please note this may include euthanasia if the vet advises it is imperative for the welfare of the dog).   Yes  No |
| **PLEASE TICK HERE TO CONFIRM THAT YOU HAVE READ AND AGREE TO OUR TERMS & CONDITIONS** | | |
| <https://wrinklywalks.com/terms-%26-conditions> | | |

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| Guardian’s signature: |
| Guardian’s name: |
| Date: |

**By signing this form, the Guardian represents and warrants that all information provided is accurate to the best of their knowledge, and that they agree to be bound by the Wrinkly Walks Terms & Conditions. They also acknowledge the consents and permissions given to Wrinkly Walks. This Registration Form and Wrinkly Walks Terms and Conditions form the agreement for the provision of Services by Wrinkly Walks to the Guardian.**

**Please kindly email your completed form to** [**lucy@wrinklywalks.com**](mailto:lucy@wrinklywalks.com) **and we’ll get back to you as soon as possible!**

**For completion by Wrinkly Walks:**

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| Date of meet & greet walk: | Notes: |
| Date of getting to know you walk/introductions with Doris & Norman (Wrinkly Walks resident dogs): | Notes: |
| Date/s of trial overnight stays: | Notes: |