

Introduction forms



Contact and Client Profile

Please print clearly using blue or black ink. Fill in all applicable fields to your best knowledge

CLIENT CONTACT INFORMATION

Clients full name

Address

Mobile number

Email address

Work Number

EMERGENCY CONTACT INFORMATION

Emergency contact name

Do they have a key?

Y ☐ N ☐

Relationship to owner

Mobile number

Work Number

Email address

VET INFORMATION

Vet name

Vet address

Phone number

Opening hours

Email address

Dogs Information

Dogs name	Dogs age	
Breed	Sex	M <input type="radio"/> F <input type="radio"/>
Neutered/Spayed	Y <input type="radio"/> N <input type="radio"/>	Fully vaccinated
Up to Date with flee and tick treatments		Y <input type="radio"/> N <input type="radio"/>
Is your dog insured?		
Y <input type="radio"/> N <input type="radio"/>		
Dog tag on collar	Y <input type="radio"/> N <input type="radio"/>	Crate used
Micro chipped		Y <input type="radio"/> N <input type="radio"/>
Treats allowed		Y <input type="radio"/> N <input type="radio"/>
Allergies/intolarances		Y <input type="radio"/> N <input type="radio"/>
More information:		
Medical conditions	Y <input type="radio"/> N <input type="radio"/>	More information:
Is medication required?	Y <input type="radio"/> N <input type="radio"/>	If yes please fill out medication form
Please tell us about your dogs temperament		
Distinguishing features:		
How does your dog react to being in a car?		
Any limited or impaired sensory functions?		
Does your dog need feeding?	Y <input type="radio"/> N <input type="radio"/>	If so, how much?
Is your dog allowed off lead?	Y <input type="radio"/> N <input type="radio"/>	If so please sign off lead waiver *

Dogs Information continued...

Has your dog ever shown signs of aggression towards a person or another dog?

(growls, lunges, snaps, bites)

Y ☒ N ☐

Please explain below:

If your dog shows aggression we will be unable to care for them due to insurance issues

Any behavioural concerns (guarding things, noise phobias, etc)

Does your dog require a muzzle?

Y ☒ N ☐

Does your dog have good recall?

Y ☒ N ☐

If yes, please give details:

How does your dog respond to the following

☒ Cats

☒ Birds

☒ Dogs

☒ Squirrels

Please indicate where the following are kept

☒ Towel

☒ Toys

☒ Brushes

☒ Lead/collar

☒ Treats

☒ Cleaning supplies

My dog loves:

My dog hates:

Dogs walk details

WALK DAYS

WALK DURATION

GROUP WALKS OR INDIVIDUAL WALKS

WALK REQUIREMENTS.

PAYMENT WEEKLY/MONTHLY



WEEKLY



MONTHLY

House information

WILL YOU BE PROVIDING A KEY



YES



NO

If no please give details of how we will enter home

WILL THERE BE ANYONE IN YOUR HOME?



YES



NO

WILL HOUSE ALARM BE ON



YES



NO

CODE

RESTRICTED AREAS OF THE HOUSE



YES



NO

PLEASE SPECIFY

WHICH DOOR WILL I BE ENTERING FROM?

Client consent

CLIENT NAME

DATE

CLIENT SIGNATURE

DOG WALKER NAME

DATE

DOG WALKER SIGNATURE

EXTRA INFORMATION