

Dogs Information

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

<input type="radio"/> Cats	<input type="radio"/> Dogs
<input type="radio"/> Birds	<input type="radio"/> Squirrels

Please indicate where the following are kept

<input type="radio"/> Towel	<input type="radio"/> Lead/collar
<input type="radio"/> Toys	<input type="radio"/> Treats
<input type="radio"/> Brushes	<input type="radio"/> 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