



Toe beans & squeaks

CLIENT AND PET INFORMATION

Full Name _____ Date _____
Address _____ Contact Phone _____
Emergency contact phone _____

- Please provide the name, age & breed of your pet _____
- Is your pet up to date with vaccinations?

Yes	No	N/A
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- Are they up to date with flea and worming treatment?

Yes	No	N/A
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- Please describe temperament (e.g. friendly, nervous, aggressive) and please specify if friendly with other dogs for walking bookings

Please tick the boxes which apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Skin allergies | <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Wears a muzzle |
| <input type="checkbox"/> Food allergies | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Wears a harness |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Aggression | <input type="checkbox"/> Wears/needs jumper or coat |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Any medications ? |
| <input type="checkbox"/> Disability known | <input type="checkbox"/> Kennel/ food guarder | |

If ticked yes, please specify below

Registered vets
address & telephone

Do you have pet insurance?

Yes

No

Emergency vets (if known)
address and telephone

Please specify meal time & exercise routine (if applicable)

Any other information I need to know (e.g things they like and don't like?)

- I have filled out this form to the best of my ability and declared all relevant and correct information about the animal which to be provided care.
- I agree, if emergency veterinary care is needed , permission is given for the animal to be taken to their veterinary practice or OOH practice if deemed necessary.
- This will be (you) the client's , financial responsibility to pay for any treatment which may occur if an emergency arises.
- Do you agree for pictures of your pet to be posted on social media ? **Yes** **No**

Client signature

Date
