



Hooves 2 Hounds, 39 the village, Old Warden, Bedfordshire, SG18 9HQ
www.hooves2hounds.pet-services.co.uk
hooves2hounds@gmail.com
07983153824

Registration Form

Welcome, thank you for giving me the opportunity to care for your pet. To insure the best care possible please take some time to carefully fill in these forms to the best of your knowledge.

Registration

Owners Last Name: _____ First Name: _____ Date: _____

Address: _____

Postcode: _____

HomePhone: _____ Mobile: _____ Work: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Email Address: _____

How did you hear about us? ☐ Google ☐ Facebook ☐ Our Website ☐ Family/Friend

Pet History

Pet's Name: _____

☐ Dog ☐ Cat ☐ Horse ☐ Small Mammal (Specify): _____

Pet's DOB (mm/dd/yyyy): _____

Breed: _____

Color/Markings: _____

Sex (circle one): MALE / FEMALE / NEUTERED MALE / SPAYED FEMALE

Microchipped : YES / NO

Heartworm Prevention: _____ Current? YES NO

Any other medications
(prescribed or OTC)? _____

Health Issues: Arthritic / Blind / Deaf / Epileptic / Pregnant / Heart Condition

Date of last vaccination _____





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Veterinary Details

Registered Vets: _____ Phone: _____
Address: _____ Town: : _____ Postcode: : _____

Dog Walking Info

Which Days: (Circle Appropriate Days) Monday / Tuesday / Wednesday / Thursday / Friday

Solo or Group? _____ (Group Walks are no more then 4 dogs dependant on size and age)

Time Of Visit(s): _____

What should I walk your Dog In: Collar / Harness / Halti / Slip Lead

How would you like your dog walking; Off Lead / On Lead / Off Lead In Field Only

How do you reward your dog for correct behaviour: _____

How do you get your dog to come when you call: _____

Does your dog have any unique behaviours that are normal behaviour for them (e.g., funny noises they make) or specific tendencies I should know about?

Do they have any breed-specific behaviours I should know about? For example, herding breeds may try to herd children or other pets: _____





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Veterinary Authorisation details

Vets Name: _____

Pets Name: _____

During my absence, I have given permission for **Hooves 2 Hounds** to act as a guardian for my pets named above. **I authorise the above vets to treat my pet in case of any illness or injury.**

I will be responsible for any vet's charges that may be incurred. Please take any action suitable to keep my pets in good health.

I give the pet carer (**NATASHA COOPER OF HOOVES 2 HOUNDS**) permission to transport the above pet to the vets.

I agree that in the event of surgery or euthanasia the pet Carer (**NATASHA COOPER**) will accept the advice of the vet and will contact owners/emergency contact.

This Authority is valid for this and any further bookings made with **Hooves 2 Hounds**

Clients Signature : _____

Date: _____

