



# BOBBY'S ADVENTURES

## DOG SERVICES NORTHAMPTON

### Meet & Greet Client Form

#### REQUIRED INFORMATION:

Date: \_\_\_\_\_



#### Client Contact Information

Full Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email: (for invoice) \_\_\_\_\_

How did you hear about Bobby's Adventures? \_\_\_\_\_

Are you happy for photos/videos of your dog to be used on our social media? \_\_\_\_\_

Yes ☐ No ☐

Are you happy for payment to be taken via bank transfer? \_\_\_\_\_

Yes ☐ No ☐



#### Emergency Contact Information

Full Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Work Number: \_\_\_\_\_



#### Vet Information

Vet Practice: \_\_\_\_\_

Vet Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_



## Dog Information

Name:	Age:	DOB:
Breed:	Sex:	
Neutered/Spayed: Yes <input type="radio"/> No <input type="radio"/>	Fully Vaccinated: Yes <input type="radio"/> No <input type="radio"/>	
Is your dog up to date with flea and tick treatments?		Yes <input type="radio"/> No <input type="radio"/>
Is your dog insured? Yes <input type="radio"/> No <input type="radio"/>	Name of Insurer:	
Is your dog microchipped? Yes <input type="radio"/> No <input type="radio"/>	Are treats allowed? Yes <input type="radio"/> No <input type="radio"/>	
Allergies/Intolerances: Yes <input type="radio"/> No <input type="radio"/>	More Information:	
Medical Conditions: Yes <input type="radio"/> No <input type="radio"/>	More Information:	
<hr/>		
Is medication required? Yes <input type="radio"/> No <input type="radio"/>	<b>If yes please fill out the medication form</b>	
How does your dog react to being in a car?		
Has your dog ever shown signs of aggression towards a person or another dog? Yes <input type="radio"/> No <input type="radio"/>		
(growls, lunges, snaps, bites) Please explain below:		
<hr/>		
Any behavioural concerns: (guarding things, noise phobias, etc)		
<hr/>		
Do you leave the radio or TV on for your dog(s) whilst they're home alone?		Yes <input type="radio"/> No <input type="radio"/>
Please tell us about your dog's temperament:		
<hr/>		
My dog loves:		
<hr/>		
My dog hates:		
<hr/>		



## Dog Walking Details

Walk Days: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Ad-Hoc ☐

Time: AM ☐ PM ☐ Anytime ☐

Walk Duration: 30 Minutes ☐ 1 Hour ☐

Solo Walks ☐ Group Walks ☐ (Group Walks are for single household dogs only as siblings will be walked together!)

Please indicate where their lead & collar is kept:

Is there a dog tag on the collar: Yes ☐ No ☐

Does your dog require a muzzle? Yes ☐ No ☐

Is your dog allowed off lead? Yes ☐ No ☐ If yes please sign the off lead consent form

Does your dog have good recall? Yes ☐ No ☐

If yes, please give details: (e.g. what words or phrases they respond to)

Any special requirements or additional comments?



## Dog Sitting Details

Drop In/Sitting Days: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Ad-Hoc ☐

Time: AM ☐ PM ☐

Duration: Drop In Visit ☐ 1 Hour ☐ More than 1 Hour ☐ Overnight ☐ Day & Night ☐

Will your dog need feeding? Yes ☐ No ☐ If yes, how much?

Any special requirements or additional comments?



## House Information

Will you be providing a key?

Yes ☐

No ☐

If no, please provide details on how I will enter your home:

Where will I be sleeping? (overnight stays)

Will there be anyone in your home?

Yes ☐

No ☐

Will the house alarm be on? Code:

Yes ☐

No ☐

Restricted areas in the house

Yes ☐

No ☐

Please specify:

Which door will I be entering from?

Please specify if you have any CCTV/Internal Cameras:



## Additional Information or Comments



## Client Consent

\*Client Name:

Bobby's Adventures name:

\*Client Signature:

Bobby's Adventures signature:

\*Date:

Date: