

Introduction forms

Client profile and consent



Contact and Client Profile

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



Client Contact information

Clients full name

Address

Mobile number

Email address

Work Number



Emergency Contact Information

Emergency contact name

Mobile number

Relationship to owner

Email address

Work Number

I authorize my emergency contact to make emergency and financial decisions in my absence

Yes No



Vet information

Vet name

Vet address

Phone number

Opening hours

Email address



Dog Information

Dogs name	Dogs age
How many dogs are staying with us?	Sex <input type="radio"/> Male <input type="radio"/> Female
Neutered/Spayed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Fully vaccinated <input type="radio"/> Yes <input type="radio"/> No
Is your dog up to date with their flea and tick treatments? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

Tag on collar <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Crate used? <input type="radio"/> Yes <input type="radio"/> No
Microchipped <input type="radio"/> Yes <input type="radio"/> No	Insurer
Treats allowed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Allergies/intolerances <input type="radio"/> Yes <input type="radio"/> No	More information:

Medical conditions <input type="radio"/> Yes <input type="radio"/> No	More information:
Medication required <input type="radio"/> Yes <input type="radio"/> No	<i>If yes please fill out medication form *</i>

Please tell us about your pets temperament

Distinguishing features and breed:

How does your pet react to being in a car?

Any limited or impaired sensory function? <input type="radio"/> Yes <input type="radio"/> No	
Is your dog insured? <input type="radio"/> Yes <input type="radio"/> No	Who is your insurer?

Is your dog allowed off lead? Yes No N/A

*If yes please sign the off-lead waiver **



Dog Information continued...

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

Yes No

Please explain below:

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

Does your dog require a muzzle? Yes No N/A

Does your dog have good recall? Yes No

If yes, please give details:

How does your dog respond to the following - Given: **1 = BAD** and **5 = GOOD**

Cats Rating score /5

People Rating score /5

Small dogs Rating score /5

Birds Rating score /5

Squirrels Rating score /5

Larger dogs Rating score /5

Anything to add?

Please indicate if you are bringing the following:

Towel

Lead / Collar

Teddy

Toys

Treats

Dog bowl

Brushes

Cleaning supplies

Feeding tray

Dog bed

Blanket

Dog bed

Anything else?

My Dog loves:

My Dog hates:



Feeding Routine

Does your dog have wet or dry food?

Wet

Dry

Combination

Brand of wet food

Brand of dry food

Brand of treats

Any further information?

Does your dog have treats, if yes what brand

How many treats per day

When do they have treats

Does your dog have any food allergies, intolerances or sensitivities)

Yes

No

If so please explain

Is there anything you specifically dont want your dog to have

Yes

No

If yes, please give details:



Feeding Plan

	Breakfast	Lunch	Dinner	Supper
Time:				
Amount:				

Food left with us:

Wet Food

Biscuits

Bones

Dry Food

Chew sticks

Raw food

Any other food?

Special feeding instructions:



Pets favourite things

What are your dogs favourite things? Please tick all that apply below:

- | | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Cuddles | <input type="checkbox"/> Naps | <input type="checkbox"/> Independence | <input type="checkbox"/> Dog training |
| <input type="checkbox"/> Attention | <input type="checkbox"/> Walking | <input type="checkbox"/> Lots of treats | <input type="checkbox"/> Being held |
| <input type="checkbox"/> Being brushed | <input type="checkbox"/> Running | <input type="checkbox"/> A bone chew | <input type="checkbox"/> Belly/Ear rubs |
| <input type="checkbox"/> Playing with toys | <input type="checkbox"/> Group walks | <input type="checkbox"/> Play fetch | <input type="checkbox"/> Massages |
| <input type="checkbox"/> Interaction | <input type="checkbox"/> Sunbathing | <input type="checkbox"/> Playing in water | <input type="checkbox"/> Music/TV |

We want to ensure your dog's stay with us is home from home, so their comfort and happiness are our top priority!

Please provide any further information you think we might need in order to make your dog's stay with us a comfortable and pleasant experience:

Please provide any information on your dogs dislikes below:



Dog boarding details

Start date:

End date:

Time of drop off:

Time of collection:

How many walks a day

Times preferred

Will you be out of the country

If yes, please provide an emergency number of where you are staying

Will it be you collecting your dogs upon departure Yes No

If no, please provide name and number of person collecting

Name

Number

Is there anything else we should know

Would you like daily updates and pictures Yes No

What time of day is best to message you

How would you prefer to be reached Whatsapp Email Text

Please provide the number or email you would like updates too



Dog Behaviour & Training

Does your dog enjoy cuddles and affection Yes No

Does your dog have any phobias we should be aware of Yes No

Please describe your dogs personality, shy, excitable, protective etc



Dog Behaviour & Training continued...

Has your dog undergone any obedience training? Yes No

Please tick if your dog knows the following commands below:

Sit Paw Heal Wait Lie down Their name

If there are any other commands you use please provide us with them

Is your dog crate trained Yes No

If yes will you be bringing a crate

Is your dog fully toilet trained Yes No

Do they require puppy mats Yes No

Is there anything else we should know about their toilet habits Yes No

Does your dog show any of the following traits below

Separation anxiety Yes No Guarding food or treats Yes No

Pulls on lead Yes No

Aggression towards other dogs on lead Yes No

Possesivness over their toys, bed etc Yes No

If yes please explain



Client consent

Client name

Date

Client signature

Dog Boarder name

Date

Dog Boarder signature
