

Client and pet registration form

Client Name.....

Address.....

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.....

Postcode.....

Email Address.....

Telephone number(s).....

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Pets name(s)	Age	Breed	Sex

Neutered/ Spayed y/n

Fully vaccinated y/n

Titre tested y/n

Insured y/n

Collar with tag y/n

Vet details:

Surgery name.....

Vet name (if applicable)

Surgery address.....

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Postcode.....

Telephone number.....

Emergency contact details:

Name.....

Address.....

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Postcode.....

Telephone number.....

Medical conditions/health concerns to be aware of (pre existing injuries
etc.).....

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Microchip number.....

Pet(s)
temperament.....

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Is your dog good with other dogs y/n (please specify if
no).....

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Ok with people entering house y/n

Is your dog good with people y/n

Is your dog toy motivated y/n

Is your dog food motivated y/n

Any other details relevant to your pet (s) i.e. where you'd like your pet to stay after walk (full
run of house etc.) routines,
rules.....

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Services required (specify dates and times if
known).....

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Signed Client.....

Signed dog walker/ pet carer.....

Date.....