



DARTMOUTH CANINE CARE

Please fill out the following form at least 48 hours prior to your booking.

We look forward to meeting you and your four-legged family!

CLIENT INFORMATION

Name: _____

Home Address: _____

Local Address (Visitor/Tourist): _____

Home Phone: _____ Mobile: _____

Email Address: _____

ALTERNATIVE CONTACT

Name: _____

Home Phone: _____ Mobile: _____

PET INFORMATION (Please complete the 'Additional Pets' form for each extra animal)

Name of dog: _____

Sex: M / F _____ Spayed/Neutered? _____

Age: _____ Breed: _____ Colour: _____

ID Type (tattoo, microchip etc.): _____

Is your dog insured? _____

Name of your insurance provider: _____

VETERINARY INFORMATION

Vets' Name: _____

Surgery Address: _____

Phone Number: _____

MEDICAL

Vaccinations up to date? _____

Does your dog have any health concerns that we need to be made aware of? _____

If yes, please describe: _____

Does your dog have any medical restrictions on his/her activities? _____

If yes, please describe: _____

Is your dog currently on any medication? _____

If yes, please describe: _____

Does your dog have any allergies? _____

If yes, please describe: _____

Does your dog receive a flea/tick preventative? _____

Brand: _____ Frequency: _____

TELL US A LITTLE MORE ABOUT YOUR DOG

Where did you get this dog? _____

How long have you had him/her? _____

If you have not had him/her from puppyhood, what do you know of his/her prior history? _____

How would you describe your dog's character? _____

FEEDING & TREATS

Is your dog allowed to have treats? _____

Any treats to avoid? _____

Brand of food & type (dry/wet) you feed your dog: _____

If applicable, what time would you like us to feed your dog? _____

Quantity: _____

BEHAVIOUR & SOCIAL SKILLS

Does your dog have any known behavioral problems? _____

If yes, please describe: _____

Does your dog suffer from any degree of separation anxiety? _____

Is your dog housetrained? _____

Best word to describe your dog's overall temperament: _____

Does your dog have any areas on his/her body that he/she does not like to be touched? _____

If yes, where? _____

How does your dog usually react to other dogs they meet? _____

How does your dog react to strangers? _____

Does your dog have any kind of people he/she automatically fears or dislikes? _____

If yes, please describe: _____

Has your dog ever bitten a person, another dog or been in a dog fight? _____

If yes, please describe: _____

Does your dog jump up on people? _____

If yes, how do you stop him/her? _____

Does your dog know any basic commands? _____

If yes, please describe: _____

Does your dog reliably understand recall? _____

If yes, what is command do you use? _____

Would you like your dog to be allowed to walk off the lead? _____

Do you consent to us taking photographs of your pet for use on our website & social media? _____

Would you like to tell us anything else that may help us to make your dog feel at ease? _____

Any additional information: _____

**** Please note that Dartmouth Canine Care reserves the right to refuse enrollment to any dog at any time and for any reason****

I certify that, to the best of my knowledge, the information I have provided above is accurate and true.

Signature: _____

Print Name: _____ Date: _____