|  |
| --- |
|  |
| Dartmouth Canine Dartmouth canine careNew Client Registration |
| 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:

ALTERNATE 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/s 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 housebroken?

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:

What does your dog respond most to? (food/play/ toys etc)

Does your dog reliably understand recall?

If yes, what 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_