



Client Profile Form



Owner's Details

Pets Name: _____ Age: _____

Owner's Details

First Name: _____ Last Name: _____

Address: _____ Home No: _____

_____ Work No: _____

_____ Mobile No: _____

Postcode: _____ Email: _____

Emergency Contact Details: _____

Vet Detail

Vet Surgery: _____

Vet Address: _____

Postcode: _____ Telephone: _____

Devon's Perfect Paws offer full Public liability insurance for your pet whilst in our care we are unable however to accept any liability for any injury or illness incurred due to circumstances beyond our direct control or as a result of aggressive behaviour by or towards your pet. Devon's Perfect Paws will take all reasonable measures to ensure the safety of your pet whilst in our care. By signing this document you agree to Devon's Perfect Paws standard terms and conditions of trade, also that you consent for your pet to be boarded with unfamiliar dogs and dogs from more than one household and all animals resident to Devon's Perfect Paws, which may include entire males and females in season. If in the event that Devon's Perfect Paws feel any dog requires medical care the owner will be contacted as soon as possible. Should contact not be possible Devon's Perfect Paws reserves the right to seek veterinary care on behalf of the owner.

Should any dog in the care of Devon's Perfect Paws require veterinary treatment I the undersigned accept full liability for all costs incurred for the treatment of my dog(s) and acknowledge that Devon's Perfect Paws will act in the animal's best interest at all times. Devon's Perfect Paws are unable to accept any financial or other liabilities arising from the decision to seek veterinary care.

The boarding of any/all dogs will only be conducted following a successful introduction session which will be undertaken in the presence of more than one member of Devon's Perfect Paws staff to ensure the safety and wellbeing of all animals.

I accept the above and I confirm that the information I have supplied is true and factual.

Signature: _____ Signature: _____

Client

Devon's Perfect Paws

Date: _____ Date: _____



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Pet Profile

Owner's Name: _____ Date: _____

Pet Details

Name: _____ Breed: _____

DOB: _____ Sex: _____ Neutered: Yes No

If dog is female when is she in Season: _____

Microchip Number: _____

Vaccinations Copies and proof enclosed

<u>Vaccination</u>	<u>Yes</u>	<u>No</u>
Distemper, Parvo, Parainfluenza, Hepatitis & Leptospirosis		
Kennel Cough		
Other		
Flea & Tick Treatment		

Feeding Schedule:

Morning: _____ Afternoon: _____ Evening: _____

Special Feed Requirements:

Medication Requirements:

Should your pet require any medication please complete the attached Medication form. Devon's Perfect Paws may only be responsible for administering medication that has been either prescribed by or recommended by the registered Veterinarian as detailed on the Client Profile Form.

Photography and Social Media

Devon's Perfect Paws would like to take photographic images of pets for general update and social media purposes whilst in their care. Should you wish these images **NOT** to be used please tick box



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Behavioural Traits

Does your pet have any fears or other behavioural problems or concerns?

Does your pet have an aversion to any other animal? How is your pet with cats?

How does your pet travel in Vehicles?

Walking Requirements:

Would you prefer your pet to be exercised on a lead or off the lead?

Please let us know as much information as possible so that we can best accommodate your pets needs and happiness during our time with them. The more information you can give us the better.

We will do everything possible to accommodate your requirements

I confirm the above information is a true and accurate description of my pets needs.

Signature: _____	Signature: _____
Client	Devon's Perfect Paws
Date: _____	Date: _____



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Medication Requirements

Pets Name: _____ Owner's Name _____

Medication	Dose	Frequency	Administered

Medication Record

Medication	Time 1st Dose	Time 2nd Dose	Time 3rd Dose	Time 4th Dose

The above medication record will be completed by Devon's Perfect Paws in line with the requirements given above. Devon's Perfect Paws are unable to accept any liability in respect of medication administered. Devon's Perfect Paws will take all reasonable steps to ensure that your pet receives the prescribed medication at the time and doses stated above. A copy of the completed Medication administration will be presented when your pet is collected. Any anomalies arising will be reported verbally to the owner before your pet is released from the care of Devon's Perfect Paws..