# DOG WALKING REGISTRATION FORM

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| CLIENT DETAILS | | | |
| Name: |  | | |
| Address: |  | | |
| Home phone: |  | Mobile: |  |
| Email: |  | | |

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| WALK DETAILS | | |
| Day(s) walk required: |  | |
| Preferred walk time(s): |  | |
| Any special instructions: | |  |

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| DOG DETAILS | | | | | | | | | | | | | |
| Name: |  | | | | | Breed: | |  | | | | | |
| Age: |  | Gender: | M |  | F | |  | If female date of last season | | |  | | |
| Temperament: |  | | | | | | | | | | | | |
| Likes/Dislikes: |  | | | | | | | | | | | | |
| Does your dog respond to a recall command? | | | | | | | | | Yes |  | | No |  |
| If yes, specify command: | | | | | | | | | | | | | |
| Detail any other commands your dog responds to: | | | | | | | | | | | | | |

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| DOG INTERACTIONS | | | | | | |
| **Interaction with other animals:** | | | | | | |
| Dogs: | Cats: | Birds: | | | | |
| Has your dog ever attacked another dog? | | | Yes |  | No |  |
| Has your dog ever been attacked by another dog? | | | Yes |  | No |  |

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| **Interaction with humans:** | | | | |
| Has your dog ever attacked another human being? | Yes |  | No |  |
| Has your dog ever expressed any aggression towards another human being? | Yes |  | No |  |

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| PET WELFARE | | | | | | | | | | | | |
| **Please note all vaccinations MUST be up to date** | | | | | | | | | | | | |
| Date of last vaccination: |  | | | | | Is your dog insured? | | Yes | |  | No |  |
| Is your dog treated against fleas? | | Yes |  | No |  | Is your dog regularly wormed? | | | Yes |  | No |  |
| Has your dog been castrated/spayed? | | Yes |  | No |  | Is your dog micro chipped? | | | Yes |  | No |  |
| Is your dog used to being bathed? | | Yes |  | No |  | Any special instructions? |  | | | | | |

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| MEDICAL CONDITIONS AND MEDICATION | |
| Current illnesses: |  |
| Current medication: |  |
| Any other illnesses in last 12 months? |  |
| Any other information you think we need to know? |  |

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| VETS DETAILS | | | |
| Practice: |  | Vets Name: |  |
| Address: |  | | |
| Phone: |  | Emergency No: |  |

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| Signature: |  | Date: |  |