# 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: |  |