|  |  |
| --- | --- |
|  | Client Information Form Dog Walking |
|  |  |

## Client Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  | |
|  | First | Last | Title |  |  | |
| Address: |  | | | | |
|  | Street Address | | | | |
|  |  | |  | | |  |
|  | Town/City | | Region | | | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start Date: |  | Dog Name: |  | Breed & Colour: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DOB/Age: |  | Sex: |  | Neutered/Dressed: | YES | NO |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vet Name: |  | | |  |  | Tel: |  | |
|  |  |  |
| Address: |  | | | | | | |
|  | Street Address | | | | | | |
|  |  | | | |  | | |  |
|  | Town/City | | | | Region | | | Postcode |

|  |  |
| --- | --- |
| Microchip Number: |  |

## About your Dog

|  |  |  |  |
| --- | --- | --- | --- |
| Any Illness? (Y/N): | YES | | NO |
| If yes, explain: | |  | | | | | |
| Medication Detail: | |  | | | | | |
| Favourite toy or game: | |  | | | | | |
| Do you allow your dog to walk off lead? | | | | | YES | NO |
| If yes, explain when where and for how long during week: | |  | | | | | |
| Would you like your dog to be off lead during group dog walking? | | | | | YES | NO |
| If yes, explain what words or signals are used for recall: | |  | | | | | |
| Does your dog chase bikes, runners or other animals? | | | | | YES | NO |
| If yes, explain: | |  | | | | | |
| Does your dog howl or bark? | | | | | YES | NO |
| If yes, explain: | |  | | | | | |
| Has your dog been attacked? | | | | | YES | NO |
| If yes, explain: | |  | | | | | |
| Has your dog attacked or bitten? | | | | | YES | NO |
| If yes, explain: | |  | | | | | |
| Does your dog dislike children? | | | | | YES | NO |
| If yes, explain: | |  | | | | | |
| Does your dog dislike travel in a car? | | | | | YES | NO |
| If yes, explain: | |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your dog dislike being showered and towel dried? | | | YES | NO |
| If yes, explain: | |  | | | |
| Where do you leave your dog at home?: |  | | | | |
| Routine for leaving dog?: |  | | | | |
| Commands for sit, stay, leave ? |  | | | | |
| Previously used a Dog Walking Service? | | | YES | NO |
| Provide Company Name: | |  | | | |
| Reason for leaving: | |  | | | |

## Emergency Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Number: |  | Postcode: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information may result in the service being withdrawn.

|  |  |  |  |
| --- | --- | --- | --- |
| Owners Signature: |  | Date: |  |

## K9 FIRST Approval

|  |  |  |  |
| --- | --- | --- | --- |
| Vaccination Cards checked? | | YES | NO |
| Boosters checked & up-to-date? | | YES | NO |
| K9 FIRST Signature: |  | | | | Date: |  |