|  |  |
| --- | --- |
|  | 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: |  |