



APPLICATION FORM FOR DOG WALKING, DOG DAYCARE AND BOARDING

Dog Owner(s) Name(s):

Address:

Home Telephone No:

Mobile Telephone No(s):

Emergency Telephone No:

Email Address:

Dogs Details:

Dog(s) Name(s):

Breed:

Date of Birth:

If your Dog is under 1 year of age are you happy for them to be mixed with other older Dogs?

Sex:

Neutered/Spayed:

Microchip/Tag No:

Vets Name:

Vets Address:

Vets Telephone Number:

Opening Hours:

Emergency Hours:

Is your Dog insured?

Insurance company name:

Do you consent for us to seek a veterinarian assessment and emergency treatment and to administer any medicines prescribed by a veterinarian

DOG'S MEDICAL AND HEALTH INFORMATION –Within our terms and conditions we would have provided you with and how to recognise signs of ill health and explained that we are unable to take dogs showing any signs of ill health. We have explained about our isolation policy, and your responsibility to inform us at once of any ill-health (contagious diseases) your dog is showing signs of. This information forms part of the contract you have signed.

Innoculations

	Date Received	Date Due	Product Name
Kennel Cough: (If applicable)			
DhPPY (Distemper, Parvo etc)			
Flea Treatment:			
Worming Treatment:			

**PLEASE DO NOT ADMINISTER FLEA TREATMENTS TO THE BACK OF YOUR DOGS NEXT
WITHIN 48 HOURS OF THEM ATTENDING DAYCARE OR BOARDING**

Any Medical Conditions:

Info Advice from your own vet:

Medication:

Now	Past	Future

If yes what medication:

If your dog is receiving medication we will require written instructions from your vet.

Allergies/Sensitivity:

BEHAVIOURAL/TRAINING INFORMATION

Has your Dog had any form of training before:

If so where did you have the training:

Do you think the training was a success:

Where does you Dog spend most of its Day?

Is your Dog crated and if so is it comfortable being crated:

Is your Dog allowed on furniture?

Has your Dog ever: Bitten a Dog or Person

Lunged at a Dog or Person

Escaped from you property.

Does your Dog need feeding while at Daycare?

If so what food and amount:

What time:

Does your dog have recall whilst off lead?

Do you want your Dog walked ON or OFF Lead. Please state.

**If we find your Dogs recall isn't as good as stated we will continue to walk your dog but on a lead. Your Dog will require a Collar and Tag (This is needed by law)
We also ask that you provide a Harness.**

Daycare schedule (only if needed)

What days do you require:

Mon	Tues	Wed	Thurs	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly or Monthly Contract:

Dogwalking schedule (only if needed)

What days do you require:

Mon	Tues	Wed	Thurs	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preferred times:

We cannot guarantee the time we walk your dog but we will always try to walk within an hour of your preferred time.

I/We have discussed, read the application and terms of agreement, and AGREE to the contract. (Copy provided).

Owners signature: _____

Print Name: _____