

Paw Prints Pet Services (Licence No: 18/00690/AWLAIA)

Customer details

Name: _____

Address: _____

Home telephone number: _____ Mobile number: _____

Email address _____

Emergency contact

Name: _____ Email address: _____

Telephone: _____ Address: _____

Pet profile

Name: _____ Breed: _____

Colour: _____ Age: _____

Sex: Bitch Dog Neutered: Yes No

Veterinary Information

Name: _____

Address: _____

Telephone: _____ Preferred vet: _____

Microchipped: Yes No Microchip number: _____

Insured: Yes No Insurance Company: _____

Vaccinated: Yes No Date of next vaccination: _____

Flea / Worm Treatment: Product Used and last date administered: _____

Medication: _____ Dosage: _____

Does your dog suffer from any specific illness or injury? Yes No

Please state if so: _____

Behaviour

Good with other dogs Yes No

- Good off lead Yes No
- Comes when called Yes No
- Good with children Yes No
- Good with cats Yes No
- Good with livestock Yes No
- Rolls in mud or 'smelly' things Yes No

Special requirements/any do's or don'ts or habits I should be aware of?

Do you give permission for Paw Prints Pet Services to walk your dog off the lead? Yes No

On occasions, your dog may receive treats, is this ok? Yes No

Whilst your dog is with me, we may undertake walks in all weathers. Your dog may be delivered home damp and possibly slightly muddy. Also, some dogs love to roll in mud or 'smelly' things. I will endeavour to dry/clean your dog the best I can. In this situation, where would you like your dog to be left on his/her return?

Is your dog happy to be towelled down? Yes No

Is your dog fully toilet/house trained? Yes No

Are you happy for photos of your dog to be used on our Facebook page and website Yes No

If you crate your dog at home (when left alone or at night), would you wish your dog to be crated during its stay? Yes No

Dog Boarding Section

Dates of trip: Drop off & Time _____ Collection & Time _____

Feeding: Food is provided by yourself, please advise quantities and feeding routine

Where does your dog usually sleep? _____

Any other information you feel we should know for their stay

Client name (please print): _____ Client signature: _____ Date: _____