

Contact and Client Profile

Please fill in all applicable fields to the best of your knowledge.

Client Contact Information

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| Clients full name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Mobile phone: Click or tap here to enter text. |
| Email address: Click or tap here to enter text. |

Emergency Contact Information

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| Emergency contact name: Click or tap here to enter text. |
| Mobile number: Click or tap here to enter text. |
| Relationship to owner: Click or tap here to enter text. |

Vet Information

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| Vet name: Click or tap here to enter text. |
| Vet address: Click or tap here to enter text. |
| Phone number: Click or tap here to enter text. | Opening hours: Click or tap here to enter text. |

Dogs Information

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| Dog name: Click or tap here to enter text. | Dog age: Click or tap here to enter text. |
| Breed: Click or tap here to enter text. | Sex: Male [ ]  Female [ ]   |
| Neutered/spayed: Yes [ ]  No [ ]  | Fully vaccinated: Yes [ ]  No [ ]   |
| Up to date with flea and worm treatment: Yes [ ]  No [ ]  |
| Is your dog insured? Yes [ ]  No [ ]  | Insurer: Click or tap here to enter text. |
| Dog tag on collar: Yes [ ]  No [ ]  | Microchipped: Yes [ ]  No [ ]  |
| Treats allowed: Yes [ ]  No [ ]  |
| Allergies/intolerances: Yes [ ]  No [ ]  If yes, please provide details:  |
| Click or tap here to enter text. |
| Medical conditions: Yes [ ]  No [ ]  If yes, please provide details:  |
| Click or tap here to enter text. |
| Please provide details about your dog’s temperament: |
| Click or tap here to enter text. |
| Is your dog allowed off lead? Yes [ ]  No [ ]   |
| Has your dog ever shown signs of aggression towards a person or another dog? (growls, lunges, snaps, bites, etc): Yes [ ]  No [ ]  |
| Please explain below: If your dog shows serious aggression I will be unable to care for them due to safety concerns.  |
| Click or tap here to enter text. |
| Any behavioural concerns (guarding things, noise phobias, etc): |
| Click or tap here to enter text. |
| Does your dog require a muzzle? Yes [ ]  No [ ]  |
| Does your dog have a good recall? Yes [ ]  No [ ]  |

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| How does your dog respond to the following: |
| Cats: Click or tap here to enter text. | Dogs: Click or tap here to enter text. |
| Birds: Click or tap here to enter text. | Squirrels: Click or tap here to enter text. |
| People: Click or tap here to enter text. | Vehicles: Click or tap here to enter text. |

House Information

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| Will you be providing a key? Yes [ ]  No [ ]  |
| If not please provide details of how I will enter the home: |
| Click or tap here to enter text. |
| Will there be anyone in your home? Yes [ ]  No [ ]  |
| Will the house alarm be on? Yes [ ]  No [ ]  |
| Code: Click or tap here to enter text. |
| Restricted area of the house? Yes [ ]  No [ ]  |
| Please specify: |
| Click or tap here to enter text. |

Client Consent

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| Client name: Click or tap here to enter text. | Date: Click or tap to enter a date. |
| Client signature: Click or tap here to enter text. |
| Dog walker name: Milena French | Date: Click or tap to enter a date. |
| Dog walker signature: Click or tap here to enter text. |

\*Please print your name in the signature tab.

Additional information if applicable

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| Click or tap here to enter text. |