A green background with black text

Description automatically generated

Contact and Client Profile

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

Client Contact Information

|  |
| --- |
| 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

|  |
| --- |
| 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

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| 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 | |

|  |  |
| --- | --- |
| 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

|  |
| --- |
| 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

|  |  |
| --- | --- |
| 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

|  |
| --- |
| Click or tap here to enter text. |