

Introduction Forms

YOUR SUB TITLE HERE



Contact and Client Profile

Please print clearly using blue or black ink. Fill in all applicable fields to your best knowledge



CLIENT CONTACT INFORMATION

Clients full name

Address

Mobile number

Email address

Work Number



EMERGENCY CONTACT INFORMATION

Emergency contact name

Do they have a key? Yes No

Relationship to owner

Mobile number

Work Number

Email address



VET INFORMATION

Vet name

Vet address

Phone number

Opening hours

Email address



DOG INFORMATION

Dogs name

Dogs age

Sex

Male Female

Neutered/Spayed

Yes No

Fully vaccinated

Yes No

Is your Pet insured

Yes No

Insurer

Crate trained

Yes No

Micro chipped

Yes No

Tag on collar

Yes No

Treats allowed

Yes No N/A

Allergies/intolerances

Yes No

More information:

Medical conditions

Yes No

More information:

Medication required

Yes No

*If yes please fill out medication form **

Has your Dog ever shown signs of aggression towards a person or another animal?

Yes No

Please explain below:

Any behavioural concerns - (guarding things, noise phobias, etc)

How does your dog respond to the following - Given:

1 = BAD

and

5 = GOOD

Cats Rating score /5

People Rating score /5

Small dogs Rating score /5

Birds Rating score /5

Squirrels Rating score /5

Larger dogs Rating score /5



FEEDING ROUTINE

Does your dog have wet or dry food?

Wet

Dry

Combination

Brand of wet food

Brand of dry food

Brand of treats

Any further information?

Does your dog have treats, if yes what brand

How many treats per day?

When do they have treats?

Does your dog have any food allergies, intolerances or sensitivities)

Yes

No

If so, please explain

Is there anything you specifically don't want your dog to have

Yes

No

If yes, please give details:



FEEDING PLAN

	Breakfast	Lunch	Dinner
Time:			
Amount:			

Food left with us:

Wet Food

Biscuits

Bones

Dry Food

Chew sticks

Raw food

Any other food?

Special feeding instructions:



DOG BOARDING DETAILS

Start date:

End date:

Time of drop off:

Time of collection:

How many walks a day

Times preferred

Will you be out of the country

If yes, please provide an emergency number of where you are staying

Will it be you collecting your dogs upon departure Yes No

If no, please provide name and number of person collecting

Name

Number

Is there anything else we should know

Would you like daily updates and pictures Yes No

What time of day is best to message you

How would you prefer to be reached Whatsapp Email Text

Please provide the number or email you would like updates too



CLIENT CONSENT

Client name

Date

Client signature

Dog Boarder name

Date

Dog Boarder signature