

Client Registration Form

Pet Information

Pet's Name:

Breed:

Age:

Gender:

Spayed/Neutered:

How long have you had your pet?

How did you get your pet?

Breeder Rescue Online/App Friend/Family Other

Vet Information

Vet Clinic:

Telephone Number:

Primary Veterinarian (if known):

Medications (if any):

Previous Medical Issues:

Home Information

Address:

If access to your property is needed whilst you are away from home, how can access be gained?

Key Keypad Code Alarm Code(s)

Owner's Full Name:

Phone Number:

Emergency Contact Name:

Emergency Contact Phone Number:

Would you like to receive updates? And what is your preferred method?

Text/Whatsapp Email Social Media

Services

Desired services:

Dog Walking Pet Sitting Dog Training *Additional form for training

Dog Walking

Preferred time:

9:00am-11:30am 11:30am-2:30pm 3:30pm-5:00pm

When interacting with other dogs, would you describe your dog as:

Dominant Submissive Friendly and Playful Cool and Calm

Is your dog permitted to come off the leash when walking?

Does your dog respond well to being recalled?

Always Sometimes Needs Work

NOTES:

Pet Sitting

Food Brand:

What time does your pet eat?

Quantity of food?

Is your pet allowed natural treats?

What is your dog's current exercise routine? (walks, playtime, toileting, training etc)

NOTES:

General Temperament

Has your dog ever been in close contact with other dogs? If so, how did they react?

Has your dog ever been around children? If so, how did they react?

How does your dog react when cars, lorries, motorbikes, bicycles etc go by on the street?

Has your dog ever bitten any member of the public or any other dog/animal?

How does your dog react with a stranger coming into the home?

Does your dog chase squirrels, cats, birds etc?