

DOG WALKING INFORMATION SHEET

Please complete in block capitals

|  |  |
| --- | --- |
| Owner’s name |  |
| Address |  |
| Telephone number | Home | Work | Mobile |
|  |  |  |
| Email |  |
| Emergency Contact (person who can make a decision about your pet/property in an emergency if we are unable to contact you) | Name |  |
| Tel (Home) |  |
| Tel (Work) |  |
| Tel (mobile) |  |
| Dog’s name |  |
| Breed |  |
| Age |  |
| Gender |  | Neutered | Yes / No |
| Microchip/tattoo number |  |
| Medical conditions / Allergies / Dietary requirements |  |
| Name of vet |  | Telephone number |  |
| Exercise requirements | Preferred time of walk | Days required | Group or Individual | On or Off Lead |
|  |  |  |  |

Please answer the following questions:

1. Is your dog up to date with all of their vaccinations?
2. Has your dog ever shown aggression towards/bitten people?

(If yes, please give details)

1. Has your dog ever shown aggression towards/bitten other dogs?

(If yes, please give details)

1. If your dog is to be walked off the lead, please give information on his/her normal recall routine. (e.g. name he/she comes to, recall commands)
2. Does your dog have any particular likes or dislikes?
3. Do you require us to feed your dog?

(If yes, please provide details)

1. Do you require us to administer any medication to your dog?

(If yes, please complete the ‘Permission to Administer Medication’ form)

1. Are you happy for Pet Angels to keep a key to your property for the duration of time that you are using their services?

(If no, please give details of where the key will be kept)

1. Does your property have a security system?

(If yes, please give details of how to operate it)

1. Are you happy for Pet Angels to use photographs of your dog(s) on our website and Facebook page and/or in other marketing?
2. Is there any more information that you would like to give us about your dog?

Owner’s Signature…………………………………………………..

Print name ……………………………............................. Date ………………………