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|  | **Dog Walking with Care** Check In Record **Dog Name** **Arrival Date Check In Time** **Departure Date Check Out Time** |

I am looking forward to your dog(s) staying with me at our home. This record must be completed to meet Animal Welfare Act (2018) licencing for Home Boarding and adhere to insurance requirements. Please return it to me when you check in at Dog Walking with Care. I will be able to use it to ensure that information is up to date, everything is returned to you and care routines reflect your wishes. Please note I am unable to board your dog if they are too unwell or considered to be contagious

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| **Owner Name**  |  |
| **Keeping InTouch (Please X)**  |

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| --- | --- | --- | --- | --- |
| **Text** | **Whats App**  | **Email** | **Messenger** | **Telephone** |
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| **Daily** | **2 Days** | **Weekly** |
|  |  |  |

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| **Your Contact Details** |  |
| **Emergency Person****Must be a person that can take care of your dog if in an emergency I cannot****Name, address & contact details** |
| **Personal Belongings** * *COVID SECURITY 1 X Blanket ONLY*
* *Please note that no responsibility is taken for damage or loss to owner’s toys or bedding*
* *Please do not bring feed or water bowls*
* *I cannot accept bedding which is not* ***FULLY*** *washable*
 |
| **Item and Description** |
| A clean & washable blanket ONLY  |
| Crate  |
| Special toy  |
| Harness/Lead/Collar |
| Coat |
| Food - *Sorry I have limited storage space, please pack only what is needed in a named and re- sealable container with a measuring scoop to reduce single use plastic* |
| Treats  |
| Medication  |
| **Dog Health Status** |
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| --- | --- | --- | --- |
|  | **Poor** | **Fair** | **Excellent** |
| **Teeth**  |  |  |  |
| **Coat**  |  |  |  |
| **Eyes**  |  |  |  |
| **Ears**  |  |  |  |
| **Nails**  |  |  |  |
| **Breathing**  |  |  |  |
|  **Other**  |  |  |  |

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| --- | --- | --- |
| **Coughing** Details  | **YES** | **NO** |
| **Vomiting** *(last 48 hrs)* | **YES** | **NO** |
| **Diarrhoea** *(last 48hrs)* | **YES** | **NO** |
| **Infectious Disease** *(last 21 days)* | **YES** | **NO** |

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| **Details of pre-existing illness**  |
| **Details of pre-existing injuries/wounds** |
| **Behaviour** |
| **Please tell me about any biting incidents or signs of aggression including growling and showing teeth** |
| **Please tell me about any incidents with livestock** |
| **Details that will help me care for your dog’s welfare** |
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|  **Welfare Instructions**  |
| **Teeth**  |  |
| **Coat**  |  |
| **Eyes**  |  |
| **Ears**  |  |
| **Nails**  |  |
| **Breathing /Coughing**  |  |
| **Other** |  |

 |
| **Bitch Season Details** (Please X and add details) |

|  |  |  |
| --- | --- | --- |
| **In Season** | **Start Date** | **Due Date** |
|  |  |  |

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| **My Medication Needs** *(Times & Dosage)* |
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| **Treatments & Vaccinations** |
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| --- | --- | --- |
| **Worm*****Must*** *be completed 2 weeks before Check In* | **Flea*****Must*** *be completed 2 weeks before Check In* | **Vaccination*****Must*** *be completed 4 weeks before Check In* |
| **Date**  | **Date**  | **Date**  |
| **Evidence of current vaccinations including Kennel Cough MUST be completed at least 4 weeks prior to check in date & is a legal requirement. Please attach a copy of the vaccination card as proof** |

 |
| **Feeding Routing**At Dog Walking with Care dogs are fed in separate areas to avoid conflict. Your dogs eating habits may be disrupted at the start of their stay, usually appetites return to normal very quickly. However, if your dog does not eat or drink anything for 24hrs I will contact you or your emergency person in advance of seeking veterinary advice or care |
|

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| --- | --- |
| **What I eat** | **Allowable Treats** |
|  |  |

 |
| **Tempting Alternatives** *(Details of favourites to tempt appetite and aid settling in)*  |
| **Description of normal appetite** (Please X) |

|  |  |  |
| --- | --- | --- |
| **Poor** | **Fair** | **Good** |
|  |  |  |

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| --- | --- | --- | --- |
| **Breakfast**  | **Lunch**  | **Dinner** | **Supper**  |
| **Portion**  | **Portion** | **Portion** | **Portion** |

 |
| **My Sleep & Rest Routine** |
| **Where I sleep at night *(Please X)***   |

|  |  |  |  |
| --- | --- | --- | --- |
| **On a Bed** | **In a Crate** | **On the sofa** | **Other** |
|  |  |  |  |

 |
| **Where I rest in the day *(Please X)***  |

|  |  |  |  |
| --- | --- | --- | --- |
| **On a Bed** | **In a Crate** | **On the sofa** | **Other** |
|  |  |  |  |

 |
| **Any Other Details** |
| **Please remember a copy of your vaccination record including Kennel Cough**  |
| Date  | **Owner Signature**  |
| Date  |  |