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| **Dog Walking with Care**Personal Registration Record**Dog Name**  |
| **Breed**  | **Age**  |
| **Weight**   | **Description**  |
| **Microchip ID – This is a legal requirement**  |
| **Owner Details – This is a legal requirement**  |
| **Name**  | **Telephone** |
| **Address**  | **Postcode** |
| **Email**  |
| **Alternative Emergency Person Details – This is a legal requirement.** Someone you trust to care for your dog in an emergency and can make decisions about care for your dog.  |
| **Name**  | **Telephone**  |
| **Address**  | **Postcode**  |
| **Veterinary Practice Details** |
| **Name**   | **Telephone**  |
| **Address**  | **Postcode**  |
| **Pet Insurance Company**  | **Pet Insurance Number**  |
| **Agreed Access Details** |
| **Key location** |   |
| **Key code** |   |
| **Key allocation** |   |
| **Specific arrival & departure requirements:** |
| **Doggy Likes & Dislikes** *(including grooming & play needs)* |
| **Likes**  | **Dislikes**  |
| **House Rules: Please tell me about specific rules for your dog** |

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| **How does your dog travel in the car?** (*Please mark* ***X***) | **Poor** | **Fair** | **Good** |
| **Multiple dogs from same household Can they travel together?** (*Please mark* ***X***) | **No** | **Yes** |

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| **Grooming Needs** |
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| **Walking Matters** |
| **Recall Command:**  |
| **Recall** | **Poor** | **Fair** | **Good** |
| **Details**  |
| **Walking Routines** |  |
| **Recall Command** |  |
| **Walking Gear** | **Collar**  | **Lead** | **Harness** | **Other** |
| **Please mark X the traffic light system to assess your dog’s behaviour in certain situations & add any details that will help me care for your dog** (Red being the highest rating) |

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| **Livestock** | **Cats** | **Children** |
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|  |  |  |  |  |  |
| Details  | Details  | Details  |
| **Large Vehicles** | **Cars** | **Other Dogs** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| Details  | Details  | Details  |
| **Scratching** | **Chewing** | **Separation** |
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|  |  |  |  |  |  |
| Details  | Details  | Details  |

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| **Please tell me about any biting or incidents of aggression including growling & showing of teeth** |
| **Please tell me about any incidents involving livestock or children**  |
| **Please tell me about any obsessions or possessive behaviour that your dog(s) may have related to, toys/food/other**  |
| **Toileting** *(Please mark with* ***X*** *& add details that will**help me care for your dog)* |
| * Night Time
 | **Dry**  | **Clean**  |
| * Day Time
 | **Dry**  | **Clean**  |

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| **Eating, Sleeping & Resting** *(Please mark* ***X*** *and add any details that will help me care for your dog)* |
| **Where does your dog like to rest & sleep?**  | **Bed** | **Crate** | **Other** |
| **Multiple dogs from same household** **Can they rest & sleep together?**  | **No** | **Yes** |
| **Multiple dogs from same household** **Can they eat together?**  | **No** | **Yes** |

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| **At Dog Walking with Care your dog(s)will not be routinely left on their own. There are times when this may occur, please tell me more about your dog’s needs including separation anxiety in the following situations.** (*Please mark* ***X*** *and**add any details that will help me care for your dog)* |
| **Does your dog experience separation anxiety in the house on their own?** | **No** | **Yes** |
| **Multiple dogs from same household****Can they be left together in the same room on their own?** | **No** | **Yes** |
| **In the car on their own****Whilst collecting other dogs for walking, fuel etc** | **No** | **Yes** |

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| **Health Matters** *(Please mark with* ***X*** *& add any details)* |
| **Mobility** | **Poor** | **Fair** | **Good** |
| Walking |  |  |  |
| Swimming |  |  |  |
| Ascending & descending stairs & steps |  |  |  |
| **Please identify your dog’s health status (***Please mark with* ***X*** *& add any details*) |
|  | **Poor** | **Fair** | **Good** |
| **Teeth** |  |  |  |
| **Coat** |  |  |  |
| **Eyes** |  |  |  |
| **Ears** |  |  |  |
| **Nails** |  |  |  |
| **Breathing /Coughing** |  |  |  |
| **Other** |  |  |  |
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| **Treatments for Parasites and Vaccination Proof** |
| As part of daily contact, with cuddles and care routines I will be vigilant in monitoring your dog for parasites such as worms, ticks and fleas. |
| **Worm Treatment Details*****Must*** *be Completed at least 2 weeks before check in date* | **YES/NO** | **Date** |
| **Flea Treatment Details*****Must*** *be Completed at least 2 weeks before check in date* | **YES/NO** | **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** |
| **Allergies** (*Please mark with* ***X*** *& add details that will help me care for your dog)* |
| * Environmental
 | **No**  | **Yes** |
| * Food
 | **No**  | **Yes** |
| * Medicines
 | **No**  | **Yes** |

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| **Confirmations**  |
| * In accordance with Local Authority licensing conditions I am unable to home board or walk certain breeds identified as dangerous or wild hybrids
 |
| **I confirm my dog is not a breed that is registered under the Dangerous Dogs Act (1991)** | **Yes / No** |
| **I confirm my dog is not a hybrid registered under the Dangerous Wild Animal (Act 1976)** | **Yes / No** |
| **I confirm I have received, read, and agree to Dog Walking with Care** **\*Terms and Conditions \*Data Promise** | **Yes / No** |
| **I confirm that my dog(s) and I have attended an onsite Meet & Greet**  | **Yes / No** |
| **I confirm I have received a Home Visit / Telephone/ Face Time Meet & Greet**  | **Yes / No** |
| **Permissions** |
| **Boarding with resident dogs / compatible dogs / multiple dogs from same household*** To reduce risk of injury and conflict I assess individual dog’s compatibility. I achieve this with a recorded meet and greet, completion of registration form and when necessary a home visit and introductory session
 |
| **I give consent for my dog to be home boarded with resident dogs and other compatible dogs** | **Yes / No** |
| **I give consent for my dog to receive veterinary assessments and emergency treatment from our named veterinary practice and in an emergency the practice nominated by Dog Walking with Care or one that is closest to the incident**  | **Yes / No** |
| **I give consent for medicines that have been prescribed by a veterinarian to be administered in accordance with their written directions**  | **Yes / No** |
| **I give consent for my multiple dogs to sleep / walk / travel / be left alone with one another** | **Yes / No** |
| **I give consent for my dog to be walked with resident dogs and other compatible dogs** | **Yes / No** |
| **Exercising Off the Lead & Off Site** *(Please mark X)** I will only walk your dog off the lead once I am confident of a reliable and swift recall. I constantly assess risk and give due diligence in ensuring the area is; safe, permissible & free of livestock.
 |
| **I give consent for my dog to be exercised with compatible dogs** | **Yes / No** |
| **I give consent for my dog to be exercised off site** | **Yes / No** |
| **I give consent for my dog to be exercised off the lead** | **Yes / No** |
| **Photographs & Promotional Materials** *(Please mark X)** I would like to use photos of real walks and the dogs that I board as part of promotional materials and on my website and Facebook page. I agree to protect confidentiality and will not identify images with your personal information or post whilst you are away. If you change your mind at any time you can withdraw your permission.
 |
| **I give consent to the use of images of my dog** | **Yes / No** |
| **Use of Crates** * Dog Walking with Care adhere to the guidelines of the RSPCA and Animal Welfare (2018) Regulations regarding the proper use of crates. Please request to see RSPCA welfare guide fact sheet. I believe dogs must have the ability to freely move about their home environment for socialisation, exercise and stimulation and do not approve of crates as a form of punishment, or continual housing. The RSPCA and many other dog experts believe that a crate is a secure and safe temporary place to be away from other dogs, visitors or when isolation is required
 |
| **I give consent for my dog to use a crate** | **Yes / No** |

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| **Owner Name**Click to add text. | **Owner Signature** **Date** |