



Pooches Dog Walking

By Amanda

Registration Form

Date of Registration:

Dog's Details

Dog's Name:

Dog's Breed:

Gender:

Age:

Date of Birth:

Microchipped:

Microchip Number:

Spayed/Neutered:

Date of last Season if Unspayed (Female):

Sociality Description:

Separation Anxiety:

If yes, provide details:

Good with Children:

Insured:

Insurance Provider and Policy Number:

Vaccination and Veterinary Details

[A copy of your dog's vaccination card must be emailed, WhatsApp'd or a physical copy provided prior to the start of any services provided by Pooches.](#)

Date of last vaccination(s):

Reason(s):

Last Worming Treatment Date:



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Last Flea Treatment Date:

Is your dog currently receiving any treatment from a vet? If yes, please provide details of condition/illness along with details of any medication that needs to be administered in your absence (name of medication, dosage & frequency):

Are there any previous medical conditions that Pooches should be aware of?

Veterinary Surgery Name: Contact Number:

Surgery Address (*inc. postcode*)

Health and Lifestyle

Diet (*delete as appropriate*)

- Strict
 - Absolutely no food or treats other than what owner provides
- Moderate
 - Owner will provide food, however if the dog is interested other food or treats can be given in moderation
- Lenient
 - Any healthy and appropriate food/treats are okay, at Pooches' discretion

Feeding Details:

How often and when is your dog fed? (i.e. twice a day at breakfast & dinner time)



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What is the food type and name of the food? (i.e. dry food & Royal Canin Hypoallergenic)

Provide description of food: (i.e. small round kibble)

Provide details of quantity and/or weight of food to be given at each meal time:

Do you have another dog boarding with Pooches from the same household? If yes, are they able to be fed together? If no, please provide details of your preferred feeding arrangements:

Food Allergies and Details:

Activity Level *(delete as appropriate)*

- High
- Moderate
- Low
- Recovering from operation
- Restricted due to medical condition(s)
- Other restriction(s)

Provide details if restricted to due operation, medical condition(s) and/or other:



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Toilet Trained:

If you have any other information about your dog you wish to share please write it here:

Owner's Details

Owner's First Name:

Owner's Surname:

Contact Number:

Email Address:

Home Address (*inc. postcode*):

Additional Emergency Contact beside Owner

First Name:

Surname:

Contact Number:

Email Address:

Home Address (*inc.postcode*):

Is the additional emergency contact allowed to make medical decisions should you be unreachable?

If you are unreachable and your emergency contact feels it necessary do you give your consent for euthanasia to be administered by a vet?



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Services Required at Time of Registration *(delete as appropriate)*

- Walking
- House Visits
- Day Care
- Boarding

Pricing is as per Pooches' website with payment terms as agreed. Email confirmation of services, pricing and days/dates to be sent from Pooches to email address supplied.

Declarations

1. Permission to walk off lead?
2. Permission to walk dog off lead whilst in the presence of other dogs?

*By stating **Yes**, you are providing written consent that you would like your dog to be walked off lead whilst in the care of Pooches.*

3. Consent for dogs from the same household to share a room for play and sleep?

*By stating **Yes**, you are providing written consent that your dogs can share a room for play and sleeping arrangements. (Feeding arrangements are as per previous questions.)*

4. Consent to be in care with other dogs?

*By stating **Yes**, you are providing written consent that your dog can reside with other dogs from other households whilst in the care of Pooches.*

5. Consent to crate your dog if needed?

*By stating **Yes**, you are providing written consent that your dog can be placed in a suitable sized crate if required.*



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6. The information I have provided is true and accurate:

*By stating that you **Agree** you also are providing written consent for Pooches to have full responsibility for the care of your dog whilst boarding with Pooches.*

Owner's Signature:

Print Name:

Date: