Please complete and sign this form prior to your Dog Walking service commencing.

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| **CONTACT DETAILS** |
| **Dogs name** |  |
| **Your name** |  |
| **Address** |  |
| **Telephone or Mobile No.** |  |
| **Email address** |  |
| **EMERGENCIES** |  |
| If your dog urgently needs to see a vet whilst in our care we will call you first then try your emergency contact, if provided. We will take them to our registered vet, Vets4Pets (located in Pets at Home, High Wycombe). Are you happy with this arrangement?  | ☐ Yes ☐ No |
| **Optional****Emergency contact name, address & mobile number.** |  |
| **Is your dog chipped?**  | ☐ Yes ☐ No |
| If Yes, provide **Microchip company name****Microchip no** **Emergency number**  |  |

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| **ACCESS FOR COLLECTION / DROP-OFF** |
| **What access will we have to collect your dog?****(eg key, someone at home, back door?)** |  |

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| **ABOUT YOUR DOG** |  |
| **Breed** |  |
| **Age / D.O.B if known** |  |
| **Gender** | ☐ Male ☐ Female |
| **Is your dog Neutered?** | ☐ Yes ☐ No |
| **If No, and your dog is female, will you ensure she is not in season when in our care?**  | ☐ Yes ☐ No ☐ n/a |
| **Aggression or Behavioural challenges?** |  |
| **Medical conditions?** |  |
| **TRAVEL & WALKS** |  |
| **Do you give permission for your dog to travel in the car with a suitable safety restraint or cage?****Does your dog travel well in a vehicle?****Do we have your permission to let your dog off-lead where we consider it safe?****Does your dog have good recall?**  | ☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No |
| **Commands or signals or your dog responds to?** |  |

**By signing this form, you confirm that the information you have provided is correct to the best of your knowledge and that you understand the service we offer, the fees payable, our cancellation terms and you have received, read, understood and accepted ‘eWoof Day-care, Boarding & Walking’s Terms & Conditions of Service.’**

**I agree to the above, in conjunction with the terms and conditions provided.**

Signed: . Date: