



Day-care, Boarding & Walking

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

This form ensures there is no ambiguity about how you wish your dog to be cared for and includes information that we are required to capture by law, under **The Animal Welfare Regulations Act 2018**.

CONTACT DETAILS	
Dogs name	
Your name	
Address	
Telephone no.	
Mobile no.	
Work no.	
Email address	
EMERGENCIES	
If your dog urgently needs to see a vet whilst in our care we will call you first. If we cannot get hold of you, we will try your emergency contact, and then endeavour to take them to your registered vet. If this is not possible we will take them to our registered vet, Vets4Pets (located in Pets at Home, High Wycombe). Are you happy with this arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, please advise other arrangements	
Emergency contact name, address & mobile number. IMPORTANT This person MUST be made aware that they may be called to collect your dog and agreed to be an emergency contact for you.	



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Registered Vet (name, address, contact number)	
Is your dog chipped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide Microchip company name Microchip no Emergency number	
Insurance Details: Insurance company Address Policy number	

ABOUT YOUR DOG	
Breed	
Age / D.O.B if known	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is your dog Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, and your dog is female, will you ensure she is not in season when in our care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Do you acknowledge and understand that our resident male is entire and accept the risks associated with placing an unspayed bitch in our care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
List any behavioural challenges or dislikes we should be aware of	



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HEALTH & VACCINATIONS	
List any current medical conditions	
Is your dog up to date with Vaccinations? (provide evidence of your dog's vaccination record)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog up to date with worm and flea treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you confirm that your dog will come to us parasite-free?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIET	
Dietary Requirements / Feeding Times / Amount / Allergies	
Do you consent to treats being offered from time to time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
TRAVEL & WALKS	
CAR TRAVEL: Your dog may be required to travel in a car for some walks or if medical care is required. Do you give permission for your dog to travel in the car with a suitable safety restraint or cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog travel well in a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
THE WALK: Walks are generally in fields or woods and always in areas considered safe with no roads or traffic. With your consent, dogs are allowed off-lead. The average walk is 1 hour but sometimes longer, as long as all the dogs are well and fit. Does your dog respond well to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any special commands / signals or whistle etc that your dog responds to?	
By Law, your dog must have a secure tag on their collar when walked in public. Does your dog have a tag with your name, address and a contact number?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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OTHER INFORMATION WE SHOULD KNOW FOR THE SAFETY AND COMFORT OF YOUR DOG, OUR OTHER GUESTS AND THE PUBLIC

Mandatory Consents

(required under The Animal Welfare Regulations 2018)

ACTIVITY	
My dog may be fed at the same time, in the same room as other dogs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My dog may participate in enrichment activities in the form of: <ul style="list-style-type: none"> • Grooming • Socialisation • Playing with toys I understand that these activities will be supervised at all times and should there be any signs of aggression or over-stimulation, then activities will cease or take place individually	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
My dog may be walked outside of the home environment My dog may be walked with other dogs My dog may be walked off-lead when in a secure location My dog may be in the garden at the same time as other dogs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No



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<p>I confirm my dog will be treated for external and internal Parasites. If however, parasites are found, I give my consent for appropriate treatment following discussions with a veterinarian</p> <p>(Applicable to dogs boarding with us for more than 24 hours)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I give permission for first aid to be administered to my dog if deemed necessary.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I give permission for my dog to be boarded with the resident dog and any other dog from different households that may be present at the Property.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I consent to my dog residing in a room with dogs from other households and / or the resident dog, if my dog so wishes to do so.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE GIVE CONSENT TO THE FOLLOWING IF APPLICABLE	
<p><i>I have MORE than one dog being boarded</i></p> <p><i>I consent to my dogs being kept together in the same designated room</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>My dog is crate – trained</i></p> <p><i>I consent to the use of a crate during their stay as required for their safety or as part of their regular routine.</i></p> <p><i>I understand that I must provide a crate for my dog</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____

Print name: _____

Date: _____