CLIENT & PET INFORMATION (for walks and pop in's):
(Please complete 1 form for each animal):

Date from:	Date to:
Name:	
Address:	
Mobile:	Home Phone:
Email Address:	
Local Address (Holiday home):	

EMERGENCY CONTACT:

Name:	
Mobile:	Home Phone:

PET INFORMATION:

Type of Pet:		
Name of Pet:		
Sex: M / F:	Spayed/Neutered:	
Age:	Breed:	Colour:
Is your pet microchipped?		
Is your pet insured?	Name of your insurance provider?	

VETERINARY INFORMATION:
(If your practice is not local, we will use either South Moor Vets in Kingsbridge or Ivybridge in case of emergency)

Practice Name:	Phone Number:
Practice Address:	

MEDICAL:

Are your pets Vaccinations up-to-date?	
Does your pet have any health concerns that we need to be made aware of? If yes, please describe:	
Does your pet have any medical restrictions on his/her activities? If yes, please describe:	
Is your pet currently on any medication? If yes, please describe:	
Does your pet have any allergies? If yes, please describe:	
Does your pet receive a flea/tick preventative?	
Brand:	Frequency:

FOOD & TREATS:

Is your pet allowed to have treats?
Any treats to avoid?
Brand of food & type (dry/wet) you feed your pet:
If applicable, what time/s would you like us to feed your pet?
Quantity:

BEHAVIOUR & SOCIAL SKILLS

Does your pet have any known behavioural problems? If yes, please describe:
Does your pet suffer from any degree of separation anxiety?
Is your pet housetrained?
Does your pet have any areas on his/her body that he/she does not like to be touched? If yes, where?

ROUTINE & BEHAVIOUR AT HOME:

How often do they need to relieve themselves?	
Can they be left alone?	For a maximum of hours
Stays in crate when left alone?	
Chews on objects or furniture? If yes, please describe:	
Is possessive of toys or food? If yes, please describe:	
Sleeps in the following room/s:	
Is not allowed in these areas:	
Is allowed on the sofa:	Is allowed on the bed:
Is there any additional information about your pet you think we should know:	

DOGS:

Going for walks: times a day	for minutes
Pulls on the lead?	
Walking equipment (collar/harness etc):	
How does your dog usually react to other dogs or animals they meet?	
How does your dog react to strangers?	
Does your dog have any kind of people he/she automatically fears or dislikes? If yes, please describe:	
Has your dog ever bitten a person, another dog or been in a dog fight? If yes, please describe:	
Does your dog jump up on people? If yes, how do you stop him/her?	
Does your dog know any basic commands? If yes, please describe:	
What does your dog respond to most? (food/play/ toys):	
Does your dog reliably understand recall? If yes, what command do you use?	
Would you like your dog to be allowed to walk off the lead?	
Would you like to tell us anything else that may help us to make your dog feel at ease?	

HOUSE:

I will take care of your home as if it were mine.

I will:

- Ensure all doors and windows are securely locked each time I leave.
- Mail & Deliveries: I will bring in post, parcels, and newspapers daily.
- I will ensure muddy paws are wiped and coats are dried, before coming into the house.

Any other information I may need:

** Please note that All Paws N' Claws reserves the right to refuse enrolment to any animal at any time and for any reason**

I certify that, to the best of my knowledge, the information I have provided above is accurate and true.

Signature:

_____

Print Name: _____ Date: _____