



Fleur's Furry Friends

DOG WALKING FORM

Customer Name:

Pet Name:

Address:.....

.....Postcode:.....

Contact Number:.....Email:.....

Vet Information

Vet Name:.....Telephone Number:.....

Address:.....

.....Postcode:.....

Known medical conditions:.....

Do you have pet insurance? Y/N

Details of insurance policy:.....

Emergency Contact: (other than yourself or partner)

Name: Mr/Mrs/Miss First Name:..... Surname:.....

Contact Number:

Pet Information:

First Time Dog Owner: Yes/No

Name:..... Breed: DOB: Age:

How old was your dog when you got it?

Sex: M/F Micro Chipped Y/N Chip Number:

It is a requirement that your dog is on an up-to-date worming programme. Please specify worming programme and brand:

IT IS A REQUIREMENT of Fleur's Furry Friends that DOGS HAVE THE KENNEL COUGH VACCINE.

IF YOUR DOG HAS RECEIVED THIS VACCINATION, PLEASE TICK:

YES..... DATE: NO:

Please give details of any existing medical conditions:

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Are your dog's required vaccinations up-to-date at the time of filling in this form? Y/N

(Please provide a copy of the up-to-date vaccination certificate)

Date when next vaccination is due.....

Size: Small/Medium/Large

Spayed/Castrated Y/N

Description of dog :

Distinctive Markings (if any)

Did you get your dog from a breeder, rescue, friend etc?

Has your dog ever growled at either yourself, any member of the family (child or adult), carer or stranger?

Y/N If yes, please be more specific:.....

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Has your dog ever bitten/nipped either yourself, any member of the family (child or adult), carer or stranger:

Y/N If yes, please be more specific:

Describe your dog's level of obedience, and any other command words that your dog responds to:

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Sit: Y/N Wait/Stay: Y/N Recall: Y/N

How does your dog react to being touched (tail, paws, ears etc.)?

How does your dog behave/react when meeting other dogs off the lead?

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Does your dog pull on the lead? Y/N

Do you grant permission for Fleur's Furry Friends to exercise your dog(s) off the lead? Y/N

Do you grant permission for Fleur's Furry Friends to take photographs of your dog(s) for social media purposes? Y/N

Do you grant permission for Fleur's Furry Friends to exercise your dog with another adult with a dog in their care?
Y/N

Do you grant permission for Fleur's Furry Friends to give your dog(s) occasional food treats as a reward?
Y /N

Signed:..... Date:.....