|  |  |
| --- | --- |
| Client Name: |  |
| Client Address: |  |
| Telephone Numbers: | Home:  Mobile:  Work: |
| Email Address(es): |  |
| Emergency Contact Name: |  |
| Emergency Contact Number(s): |  |
| Dog Name: |  |
| Breed: |  |
| Date of Birth: |  |
| All Vaccinations Up To Date? | YES NO |
| Date of next Vaccination: |  |
| Up to date Micro Chip? | YES NO |
| Collar with Tag? | YES NO |
| Spayed/Neutered? | YES NO |
| Medical Conditions? | Detail: |
| Regular Medication | What medication?  How Often?  Dosage? |
| Vet Contact Details: | Name:  Address:  Contact No: |
| Pet Insurer: | Insurance Company: |
| **Any Other Information:** |  |
| Allergies? |  |
| Behavioural Issues? | People:  Dogs – which breed:  Chases animals / livestock - Detail: |
| Treats permitted? |  |
| Walk Off Lead? | If yes, please handwrite the following disclaimer in the space overleaf: “ I give permission for PawsClickPlay Pet Services to walk (Insert Dog’s Name) off the lead in suitable open spaces” |
| Recall? | Voice Commands:  Treat Required for recall?  Whistle required for recall? |
| Any other Commands? |  |
| Swimmer? |  |
| Play with Sticks? |  |
|  |  |
| Office Use Only: |  |