



Address:.....  
.....  
Postcode:.....  
Mobile Tel No:.....  
Email:.....

**YOUR DOG/PET**

Dog's/Pet Name:.....  
Sex (M/F):.....  
Size of Dog/Colour:.....  
Age/Breed.....  
Is your dog/pet neutered?.....

**BEHAVIOUR**

Is your dog/pet continent and fully house trained?.....  
Where does your dog/pet normally sleep?.....  
Has your dog/pet ever shown aggressive tendencies towards people or other animals (Y/N)?.....  
If yes, please provide details:

.....  
.....  
.....

Please provide details of anything that disturbs or unsettles your dog/pet e.g. horses etc. AND details of ANY other behaviour that you are concerned about or that we must know erg. chewing furniture, chasing horses, possessiveness etc.

.....  
.....  
.....

**WALKING**

Does your dog respond to commands (Y/N)?.....  
Does your dog return on being called (Y/N)?.....  
Please provide details of any special recall words or signs your dog understands (example: clapping, whistling etc.).....

.....  
.....  
.....

Do you wish your dog to let off the lead whist being walked (if locality is suitable)?.....  
If 'Yes', please sign here.....

**HEALTH**

Please provide details of any recent or current health problems. If your dog/pet is on medication, please

provide details (e.g. purpose of treatment, dosage and frequency)

.....  
.....  
.....  
.....  
.....

Is your dog/pet insured (Y/N).....

Insurance Company/Details.....

Is your dog/pet micro-chipped(Y/N).....

If Yes please give number.....

Is your dog/pet up to date with flea/tick/worming treatments?

Please list products used and dates given (approximate)

Flea.....

Tick.....

Worming.....

**VACCINATIONS**

Is your dog up to date with vaccinations?.....

**\*Vaccination card MUST be shown at time of arrival/collection (copy will be taken)\***

**VETERINARY SURGEON**

Name of Practice:.....

Telephone:.....

Address: .....

.....

.....

.....

Registration Name:.....

**EMERGENCY CONTACT**

Name: .....

Tel: .....

Address: .....

.....

.....

.....

I understand and agree to the terms and conditions.

(Client Signature).....

(Date).....