

# Introduction form



## Contact and Client Profile

Fill in all applicable fields to your best knowledge

### Client Contact information

Clients full name

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Address

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Mobile number

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Email address

Work Number

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### Emergency Contact Information

Emergency contact name

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Do they have a key?

Y  N

Relationship to owner

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Mobile number

Work Number

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Email address

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### Vet information

Vet name

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Vet address

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Phone number

Opening hours

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Email address

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# Dogs Information

Dogs name	Dogs age	
Breed	Sex	M <input type="radio"/> F <input type="radio"/>
Neutered/Spayed	Y <input type="radio"/> N <input type="radio"/>	Fully vaccinated
Up to Date with flea and tick treatments		Y <input type="radio"/> N <input type="radio"/>
Is your dog insured?	Y <input type="radio"/> N <input type="radio"/>	
Dog tag on collar	Y <input type="radio"/> N <input type="radio"/>	Crate used
Micro chipped	Y <input type="radio"/> N <input type="radio"/>	Insurer
Treats allowed	Y <input type="radio"/> N <input type="radio"/>	
Allergies/intolarances	Y <input type="radio"/> N <input type="radio"/>	More information:
<hr/>		
Medical conditions	Y <input type="radio"/> N <input type="radio"/>	More information:
<hr/>		
Is medication required?	Y <input type="radio"/> N <input type="radio"/>	If yes please fill out medication form
Please tell us about your dogs temperament		
<hr/>		
<hr/>		
Distinguishing features:		
<hr/>		
How does your dog react to being in a car?		
<hr/>		
<hr/>		
Any limited or impaired sensory functions?		
<hr/>		
Does your dog need feeding?	Y <input type="radio"/> N <input type="radio"/>	If so, how much?
<hr/>		
<hr/>		
Is your dog allowed off lead?	Y <input type="radio"/> N <input type="radio"/>	If so please sign off lead waiver *
<hr/>		

## Dogs Information continued...

Has your dog ever shown signs of aggression towards a person or another dog?

(growls, lunges, snaps, bites)

Y  N

Please explain below:

Any behavioural concerns (guarding things, noise phobias, etc)

Does your dog require a muzzle?

Y  N

Does your dog have good recall?

Y  N

If yes, please give details:

How does your dog respond to the following

<input type="radio"/> Cats	<input type="radio"/> Dogs
<input type="radio"/> Birds	<input type="radio"/> Squirrels

Please indicate where the following are kept

Towel

Lead/collar

Toys

Treats

Brushes

Cleaning supplies

My dog loves:

My dog hates:

# Dogs Information (2nd dog from same household)

Dogs name	Dogs age	
Breed	Sex	M <input type="radio"/> F <input type="radio"/>
Neutered/Spayed	Y <input type="radio"/> N <input type="radio"/>	Fully vaccinated
Up to Date with flea and tick treatments		Y <input type="radio"/> N <input type="radio"/>
Is your dog insured?	Y <input type="radio"/> N <input type="radio"/>	
Dog tag on collar	Y <input type="radio"/> N <input type="radio"/>	Crate used
Micro chipped	Y <input type="radio"/> N <input type="radio"/>	Insurer
Treats allowed	Y <input type="radio"/> N <input type="radio"/>	
Allergies/intolarances	Y <input type="radio"/> N <input type="radio"/>	More information:
<hr/>		
Medical conditions	Y <input type="radio"/> N <input type="radio"/>	More information:
<hr/>		
Is medication required?	Y <input type="radio"/> N <input type="radio"/>	If yes please fill out medication form
Please tell us about your dogs temperament		
<hr/>		
<hr/>		
Distinguishing features:		
<hr/>		
How does your dog react to being in a car?		
<hr/>		
<hr/>		
Any limited or impaired sensory functions?		
<hr/>		
Does your dog need feeding?	Y <input type="radio"/> N <input type="radio"/>	If so, how much?
<hr/>		
<hr/>		
Is your dog allowed off lead?	Y <input type="radio"/> N <input type="radio"/>	If so please sign off lead waiver *
<hr/>		

## Dogs Information continued...

Has your dog ever shown signs of aggression towards a person or another dog?

(growls, lunges, snaps, bites)

Y  N

Please explain below:

Any behavioural concerns (guarding things, noise phobias, etc)

Does your dog require a muzzle?

Y  N

Does your dog have good recall?

Y  N

If yes, please give details:

How does your dog respond to the following

Cats

Birds

Dogs

Squirrels

Please indicate where the following are kept

Towel

Toys

Brushes

Lead/collar

Treats

Cleaning supplies

My dog loves:

My dog hates:

## House information

Will you be providing a key

Yes

No

If no please give details of how we will enter home

Will there be anyone in your home?

Yes

No

Will house alarm be on

Yes

No

Code

Restricted areas of the house

Yes

No

Please specify

Which door will I be entering from?

## Client consent & Key/home entry consent

Client name

Date

Client signature

Dog walker name

Date

Dog walker signature

