

# Introduction forms

## Client profile and consent



### Contact and Client Profile

Please print clearly using blue or black ink. Fill in all applicable fields to your best knowledge



### Client Contact information

Clients full name

Address

Mobile number

Email address

Work Number



### Emergency Contact Information

Emergency contact name

Relationship to owner

Mobile number

Work Number

Email address



### Vet information

Vet name

Vet address

Phone number

Opening hours

Email address



# Dog Information

Dogs name

Dogs age

How many dogs are staying with us?

Sex

Male

Female

Neutered/Spayed

Yes

No

N/A

Fully vaccinated

Yes

No

Is your dog up to date with their flea and tick treatments?

Yes

No

N/A

Allergies/intolerances

More information:

Medical conditions

More information:

Medication required

Yes

No

If yes please fill out medication form \*

Please tell us about your pets temperament:

Distinguishing features:

Any limited or impaired sensory functions?

Yes

No

## Dog Information continued...

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

Yes  No

Please explain below:

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

Does your dog require a muzzle?  Yes  No  N/A

Does your dog have good recall?  Yes  No

If yes, please give details:

How does your dog respond to the following - Given: **1 = BAD** and **5 = GOOD**

Cats Rating score  /5  People Rating score  /5  Small dogs Rating score  /5  
 Birds Rating score  /5  Squirrels Rating score  /5  Larger dogs Rating score  /5

Anything to add?

Please indicate if you are bringing the following:

Towel  Lead / Collar  Teddy  
 Toys  Treats  Dog bowl  
 Brushes  Feeding Tray  
 Dog bed  Blanket

Anything else?

My Dog loves:

My Dog hates:



## Feeding Routine

Does your dog have any food allergies, intolerances or sensitivities)

Yes

No

If so please explain

---

---

---

---

How many treats per day

When do they have treats

Any further information?

Is there anything you specifically dont want your dog to have

Yes

No

If yes, please give details:

---



## Feeding Plan

	Breakfast	Lunch	Dinner	Supper
Time:				
Amount:				

Food left with us:

---

Wet Food

Biscuits

Bones

Dry Food

Chew sticks

Raw food

Any other food?

---

Special feeding instructions:

---

---

---



## Pets favourite things

What are your dogs favourite things? Please tick all that apply below:

- |  |                                       |   |  |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Cuddles           | <input type="checkbox"/> Music/TV     | <input type="checkbox"/> A bone chew    | <input type="checkbox"/> Other, not listed |
| <input type="checkbox"/> Attention         | <input type="checkbox"/> Walking      | <input type="checkbox"/> Being held     | <input type="checkbox"/>                   |
| <input type="checkbox"/> Being brushed     | <input type="checkbox"/> Running      | <input type="checkbox"/> Play fetch     | <input type="checkbox"/>                   |
| <input type="checkbox"/> Playing with toys | <input type="checkbox"/> Group walks  | <input type="checkbox"/> Belly/Ear rubs | <input type="checkbox"/>                   |
| <input type="checkbox"/> Interaction       | <input type="checkbox"/> Dog training | <input type="checkbox"/> Massages       | <input type="checkbox"/>                   |

We want to ensure your dog's stay with us is a home from home, so their comfort and happiness are our top priority!

Please provide any further information you think we might need in order to make your dog's stay with a comfortable and pleasant experience:

---

---

---

---

---

---

---

Please provide any information on your dogs dislikes below:

---

---

---

---

---

---

---



## Dog boarding details

Start date:

End date:

Time of drop off:

Time of collection:

How many walks a day

Times preferred

Will you be out of the country

If yes, please provide an emergency number of where you are staying

Will it be you collecting your dogs upon departure  Yes  No

If no, please provide name and number of person collecting

Name

Number

Is there anything else we should know

Would you like daily updates and pictures  Yes  No

What time of day is best to message you

How would you prefer to be reached  Text  Email

Please provide the number or email you would like updates too



## Dog Behaviour & Training

Does your dog enjoy cuddles and affection  Yes  No

Does your dog have any phobias we should be aware of  Yes  No

Please describe your dogs personality, shy, excitable, protective etc



## Dog Behaviour & Training continued...

Has your dog undergone any obedience training?  Yes  No

Please check-off if your dog knows the following commands below:

Sit  Paw  Heal  Wait  Lie down  Their name

If there are any other commands you use please provide us with them

Is your dog fully toilet trained  Yes  No

Do they require puppy mats  Yes  No

Is there anything else we should know about their toilet habits  Yes  No

Does your dog show any of the following traits below

Separation anxiety  Yes  No      Guarding food or treats  Yes  No

Pulls on lead  Yes  No

Aggression towards other dogs on lead  Yes  No

Possesivness over their toys, bed etc  Yes  No

If yes please explain



## Client consent

Client name

Date

Client signature

Dog Boarder name

Date

Dog Boarder signature

