Dog Walking Registration

REGISTRATION AND INFORMATION FORM

Emma Adley · 19 The Croft, Fleet, Hampshire, GU51 4EG
07915 094464 · emmaadley@hotmail.co.uk

Please complete one form for each dog. The information helps me keep your dog safe, comfortable and well cared for. Please tell me if anything changes. You can type into this form on a computer or phone, or print it and fill it in by hand.

ABOUT YOU

Owner's full name

Address

Mobile number

Email address

Alternative / emergency contact name

Relationship to you

Emergency contact telephone

ABOUT YOUR DOG

Dog's name

Breed

Date of birth / age

Sex

Microchip number

Neutered / spayed?

Vaccinations up to date?

Flea / worm treatment

Pet insurance provider (if applicable)

Policy / contact details (optional)

Veterinary practice name

Vet telephone

Veterinary practice address

HEALTH AND CARE

Medical conditions, allergies, injuries or sensitivities

Medication (name, dose and instructions)

Anything I should know about your dog's health or mobility?

YOUR DOG'S ROUTINE AND BEHAVIOUR

Recall: how reliable is it? Please describe any commands that work well.

Lead walking and equipment: harness / collar, preferred lead, pulling, etc.

Behaviour around dogs, people and children

Triggers, fears or signs of stress (for example traffic, bikes, loud noises, handling)

Can your dog be walked off lead?

☐ Yes ☐ No ☐ Only in specified situations (please explain)

Off-lead situations

Food, treats and feeding instructions. Any dietary restrictions or treats to avoid?

Toileting, commands, likes and dislikes

PRACTICAL ARRANGEMENTS

Collection / drop-off address (if different)

Access instructions / where to find your dog

Where are lead, harness, towels or other items kept?

Anything else that would help me care for your dog?

EMERGENCY AND PERMISSIONS

If your dog becomes ill or is injured while in my care, I will make reasonable efforts to contact you and/or your emergency contact. If urgent veterinary attention is needed and I cannot reach you promptly, please indicate your preference below.

In an emergency, may I arrange veterinary assessment/treatment if you cannot be reached?

- ☐ Yes
- ☐ No, please contact the emergency contact / vet first

Any specific emergency instructions or spending limit to discuss?

PHOTOGRAPHS AND VIDEOS (OPTIONAL)

Please select one option. Your choice is optional and will not affect the walking service. Permission covers photographs/videos of your dog for the purpose selected; please avoid including personal details or your home address in posts.

- ☐ I give permission for photos/videos of my dog to be shared on Doggy Paws On Patrol social media (e.g. Facebook and Instagram) and WhatsApp updates.
- ☐ I consent to photos/videos being sent to me privately only, not posted publicly.
- ☐ I do not give permission for photos/videos of my dog to be taken or shared.

OWNER CONFIRMATION

I confirm that the information I have provided is accurate to the best of my knowledge and will let Emma know about any changes to my dog's health, behaviour or care needs.

Owner signature (sign by hand, or type your name if returning by email)

Date

Printed name

Dog's name

Return this form to Emma in person or by email to emmaadley@hotmail.co.uk. Thank you!