

HAPPY-DOG DAYS

DOG WALKING & BOARDING, DAY CARE & POP IN SERVICE.

CLIENT INFORMATION AND CONTACT DETAILS SHEET

CLIENT NAME: _____

ADDRESS: _____

_____ **POSTCODE** _____

TELEPHONE: **DAYTIME NUMBER:** _____

MOBILE NUMBER _____

DOG NAME: _____

DOG BREED _____

DOG AGE _____

WHAT VETERINARY SURGERY IS YOUR DOG REGISTERED WITH?

NAME _____

ADDRESS _____

TEL NO: _____

IS YOUR DOG CHIPPED?

NAME OF COMPANY _____

TEL No: _____

DOES YOUR DOG HAVE ANY EXISTING MEDICAL CONDITIONS OR TAKE ANY REGULAR MEDICATIONS?

(Tick) **NO:** _____ / **YES:** _____ (IF YOU ANSWERED YES PLEASE GIVE FURTHER DETAILSBELOW)

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DOES YOUR DOG HAVE ANY PREFERENCES WHEN WALKING? i.e. NOT NEAR TRAFFIC, CHILDREN, LARGE/ SMALL DOGS, AWAY FROM LOUD NOISES OR CROWDS? PLEASE LIST ANY PREFERENCES BELOW.

ARE THEY ABLE TO WALK LONG DISTANCES AND OVER ROUGH TERRAIN. IF NOT PLEASE LET ME KNOW HOW LONG AND FAR THEY ARE USUALLY ABLE TO WALK BELOW.

DOES YOUR DOG HAVE GOOD RECALL? YES.../ NO... (PLEASE TICK AS APPROPRIATE)

CAN THEY BE WALKED OFF LEAD IN PARKS AND OPEN AREAS AWAY FROM TRAFFIC SAFELY?

WHAT SERVICES WOULD YOU LIKE TO RECEIVE FROM HAPPY DOG DAYS?

DOG WALK (PACK WALK)	<u>30 MINS</u>	—	<u>60 MINS</u>	(PLEASE TICK)
SOLO DOG WALK	<u>30 MINS</u>	—	<u>60 MINS</u>	(PLEASE TICK)
DAY BOARDING	<u>YES</u>	—	<u>NO</u>	(PLEASE TICK)
EVENING BOARDING	<u>YES</u>	—	<u>NO</u>	(PLEASE TICK)
OVERNIGHT BOARDING	<u>YES</u>	—	<u>NO</u>	(PLEASE TICK)
POP IN SERVICE	<u>30 MINS</u>	—	<u>60 MINS</u>	(PLEASE TICK)
WEEKEND BOARDING	<u>YES</u>	—	<u>NO</u>	(PLEASE TICK)

ANY FURTHER INFORMATION ABOUT YOUR DOG YOU FEEL WOULD BE BENEFICIAL FOR ME TO KNOW.

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DOGS UNDER 6 MONTHS

AS YOU ARE PROBABLY AWARE PUPPIES WHO HAVEN'T FINISHED THEIR VACCINATIONS ARE NOT ALLOWED TO MIX WITH ADULT DOGS FOR THEIR OWN SAFETY.

AS AN OWNER OF TWO ADULT DOGS MYSELF, I WILL NOT BE ABLE TO LOOK AFTER YOUR PUP AT MY HOME UNTILL THEY HAVE COMPLETED ALL OF THEIR VACCINATIONS.

HOWEVER, I WILL BE ABLE TO COME TO YOUR HOME AND LOOK AFTER THEM FOR YOU WHILE THE COURSE OF VACCINATIONS IS IN PROCESS.

PLEASE SELECT FROM THE FOLLOWING LIST, THE SERVICES YOU REQUIRE DURING POP IN VISITS AND ALSO WHICH SERVICES YOU ARE LOOKING FOR ONCE THE PUPPY IS ABLE TO INTERACT WITH OTHER DOGS.

PUPPY POP IN SERVICE 30 MINS YES/NO

PUPPY POP IN SERVICE 60 MINS YES/NO

DURING THE POP IN SERVICE THESE ARE THE ROUTING SERVICES I WILL PROVIDE, IF YOU REQUIRE ANYTHING ADDITIONAL TO THIS, PLEASE LET ME KNOW BELOW.

***FEEDING/LETTING OUT INTO GARDEN/WALKING/CLEARING OF ANY SOILING/
REPLENISHMENT OF WATER/PLAYTIME.***

ADDITIONAL SERVICES REQUIRED _____

WHEN YOUR PUPPY HAS FINISHED IT'S FULL VACCINATIONS AND IS ABLE TO SOCIALISE WITH OTHER DOGS, WE HOPE THAT YOU WOULD LIKE TO CONTINUE TO USE HAPPY-DOG DAYS FOR YOUR DOGS CARE. PLEASE LIST BELOW, WHAT SERVICES YOU WOULD LIKE TO RECEIVE FROM ME. (PLEASE REFER TO PAGE 2 FOR LIST OF SERVICES)

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OWNERS CONSENT TO WALK THEIR DOG.

I HEREBY CONSENT FOR TAMI TREWERN OF HAPPY DOG DAYS, TO WALK MY DOG/S FOR ME AS PER MY INSTRUCTIONS , ON THE DAYS AND TIMES SPECIFIED ON THE PREVIOUS SHEETS.

I AGREE TO HER TAKING MY DOG TO HER VETERINARY PRACTICE (PETS PRACTICE IN WALLISDOWN) IN THE EVENT OF MY DOG BECOMING INJURED OR UNWELL WHILST IN HER CARE.

I CONFIRM THAT MY DOG HAS HAD ALL THE NECESSARY VACCINATIONS FOR ITS AGE AND IS CHIPPED IN ACCORDANCE WITH THE 2016 LAW BROUGHT IN BY THE GOVERNMENT REGARDING THE MICROCHIPPING OF ALL DOGS.

TO MY KNOWLEDGE, MY DOG IS FIT AND WELL AND DOES NOT HAVE ANY CONDITIONS THAT MAY HARM OR ENDANGER ANY OTHER ANIMALS IN THE CARE OF TAMI TREWERN OF HAPPY DOG DAYS, SUCH AS PARVO VIRUS, WORMS OR KENNEL COUGH OR ANY INFECTIOUS SKIN DISEASES SUCH AS SARCOPTIC MANGE ETC.

I WILL INFORM TAMI TREWERN OF ANY ISSUES MY DOG/S MAY HAVE WITH THEIR HEALTH WHICH MAY AFFECT THEIR ABILITY TO WALK LONGER DISTANCES ETC.

I HAVE INFORMED TAMI TREWERN OF ANY SERIOUS BEHAVIOURAL ISSUES MY DOG MAY HAVE, SUCH AS FEAR AGGRESSION THAT MY DOG MAY EXHIBIT WHILE IN HER CARE. MY DOG HAS NOT ATTACKED OR BITTEN ANY OTHER DOGS OR PERSONS/CHILDREN AND IS NOT ON A DANGEROUS DOG REGISTER.

SIGNED MR/MRS/MISS/MS _____

(PLEASE PRINT NAME) _____

DATE _____

DOGS NAME _____

DURING THE TIME YOUR DOG IS IN MY CARE, I WOULD LIKE TO POST PICTURES OF THEM ON MY FACEBOOK PAGE 'HAPPY DOG DAYS'.

THIS NOT ONLY ENABLES CLIENTS TO VIEW THE FUN ACTIVITIES THEIR DOGS GET UP TO WHILST IN MY CARE, IT IS ALSO A USEFUL TOOL FOR OTHER PEOPLE INTERESTED IN EMPLOYING MY SERVICES TO BE ABLE TO SEE WHAT I DO WITH THE DOGS I LOOK AFTER.

IF YOU ARE HAPPY FOR ME TO POST PICTURES ON HAPPY DOG DAYS FACEBOOK PAGE OF YOUR DOG/S PLEASE SIGN THE CONSENT BELOW.

(AT NO TIME WILL ANY PERSONAL DETAILS OF THE DOG BE ADDED TO POSTS, SUCH AS DETAILS OF THE OWNER/HOME ADDRESS/OR ANY OTHER PERSONAL INFORMATION.)

I DO/DO NOT CONSENT TO TAMI OF HAPPY DOG DAYS, POSTING PHOTOS OF MY DOG ON THE COMPANY FACEBOOK PAGE.

SIGNED _____ PRINT NAME _____