



PET GUARDIANS

Pet Care Services including Dog walking & Pet feeding

Dog Information Form	
Client's Name/address:	
Telephone Number:	
Emergency/Mobile No:	
Pet's Name:	
Age:	
Breed:	
Colour/Markings:	
Male/Female:	
Neutered/Spayed:	
Vaccinations:	<p>Puppy vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Annual boosters? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Vet Name/Address:	
Telephone Number:	
Does your dog require any medications?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>If you answered 'Yes', Please provide details of medication name, dosage, method & frequency:</p>	
<p>Is your dog microchipped?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>We will require a key to your home to collect and return your dog. Would you prefer to:</p>	<p>Leave a key with a neighbour? <input type="checkbox"/> N.B The neighbour must be available at the time of our visits.</p> <p>Provide us with our own key? <input type="checkbox"/></p> <p>Secrete a key on the premises? <input type="checkbox"/></p>
<p>If you are to leave a key with a neighbour, please provide their name, address and phone no:</p>	
<p>If you prefer to secrete a key on the premises, please provide details of the location:</p>	
<p>Feeding. At what times are your dog fed?</p>	
<p>Is your dog allowed treats?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other (please specify)</p>
<p>Any special feeding instructions?</p>	
<p>Walking. Is your dog happy with other dogs?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Has he/she ever bitten another dog/person?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Shown any other aggression? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

If 'Yes' please provide details:	
Does he/she:	Obey basic commands? Yes <input type="checkbox"/> No <input type="checkbox"/> Walk well on a lead? Yes <input type="checkbox"/> No <input type="checkbox"/> Walk well off a lead? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your dog frightened of loud noises or anything else?	No <input type="checkbox"/> Yes (please specify)
Any further information: Please provide details of anything else that would assist us to provide better care for your dog.	
Where did you hear about Pet Guardians?	