

**Getting to know your dog**.

Date-

Male/Female

Is your dog spayed/neutered?

Breed of Dog.

(Please notify me if your bitch is in season!)

Dog’s Name

Age

What is your dog’s microchip number?

When was your dog last vaccinated?

When was your dog last flea and wormed?

Any Health Problems?

Any Allergies?

Any food intolerances?

Any medication to give?

Please give details-

Feeding requirements-

Does your dog have any behaviours when eating or around food?

Do you consent for your dog getting fed around other dogs?

Does your dog get fed from inside a crate or playpen?

Any further details?

Please note if boarding your dog’s food, bowls (labelled please), food and treats must be provided.

Also, any bedding /blankets and toys that will make them feel more at home.

Please note Furry Friends provide washable balls and toys that are regularly disinfected to avoid any cross contamination.

Is your Dog insured?

If so, please bring a copy of your policy.

Is your dog toilet trained?

What do you say to your dog to get him/her to pass urine?

Is your dog crate trained?

Can your dog be kept in a home with other dogs?

Does your dog bark or wine when you leave the house?

When you go to bed?

Where does your dog sleep and in what?

Does your dog walk confidently outside?

Do you let your dog off lead?

How does your dog behave in a car?

Does your dog travel in a crate?

Using a special seat belt?

Other- (Please give details).

**DO YOU GIVE PERMISSION FOR FURRY FRIENDS TO WALK YOUR DOG OFF LEAD IF DEEMED TO BE IN A SAFE ENVIRONMENT?**

Does your dog have good recall?

What do you say to him/her to recall your dog?

Do you offer your dog a treat when recalling him/her?

What best describes your dog’s temperament?

* Very Friendly
* Friendly
* Stand Offish
* Shy
* Timid
* Timid until they know you
* Unfriendly
* Snappy

How do they react to other Dogs?

* Very friendly
* Friendly
* Barks at them but friendly
* Not friendly and must avoid them

Can your Dog

* Walk closely to another Dog?
* Pass closely to another Dog?
* Must walk on the other side of the road to avoid another dog?
* Avoid other dogs at all costs?

Do they use a Lead?

Do they use a Harness?

Do they use a Halti?

Can your dog socialise with other dogs?

Can your dog play off lead with other dogs?

Can your dog play in a garden with other dogs?

ANY OTHER RELEVANT INFORMATION?

Does your dog ever display aggressive behaviour?

If so, please give further details.

Has your dog ever bitten and/or caused injury to a person?

Please give details.

Can you take anything from your dog’s mouth? (e.g., if they pick up something that they shouldn’t)

Can you take a ball from your dog’s mouth?

If the answer is NO, how do they react? Growl? Y/N Snap or bite? Y/N

Has your dog ever bitten or caused injury to another animal?

If so, please give details.

Is your dog frightened of anything?

If so, please elaborate.

Do you give permission for photos of your dog to be put on social media?

Please note that in case of injury or illness to a dog in our care, requiring urgent veterinary attention, we will contact the owner or emergency contact immediately by phone.

We will attempt to get your dog to your current veterinary practise, but if not open or too far, I will take them to’ Goddard Veterinary Practise’ in Collier Row.

Please sign the form below to give permission for this, and for Goddard Veterinary Practise to access your dog’s records from your current Vet.

I hereby give permission for’ Furry Friends’ (Yvonne Dearman), to take my dog either to my current vets\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address--------------------------------------------------------------------------------------

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Phone number-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or to Goddard Veterinary Practise in Collier Row.

I give permission for Goddard Veterinary practise to access my dog’s records from my vets.

I agree to pay all veterinary fees or reimburse Furry Friends for any payment they have had on my behalf.

Signed; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_