



Dog Days Out Walking Boarding and Walking Service
7 Kelmscott Way, Bognor Regis, West Sussex, PO21 5DU

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REGISTRATION FORM

To ensure that the health and safety and the wellbeing of your dog and dogs who are already in our care please read our terms and conditions which have been attached.

Overnight boarders may need to attend a day care session prior them staying overnight, this is to ensure that they are happy in our home before they come to stay with us while you are away on holiday.

Your Details

Name	
Address	
Daytime Number	
Email	
Emergency Contact Details (inc contact number)	
Veterinary Practice (inc contact number)	

Your Dog or Dogs Details (delete where appropriate)

Name		Age	Female (please state if she has been spayed) Male (please state if he has been neutered)
Any medical details we need to know. i.e. medication requirements/ operations/ special dietary needs			
How long have you had your dog?	Have you had your dog since pup or is he/she a rescue dog (please give us a brief detail if known about their history)	How does your pup react with other dogs and how is he/she around children?	

Vaccinations

Vaccination (Lepto/DHPPI)	Date Given	/	/	ESSENTIAL
Kennel Cough	Date Given	/	/	ESSENTIAL
Last Flea Treatment/ Worming	Date Given	/	/	ESSENTIAL

Your Dogs Social Skills

Does your dog get along with other dogs?	YES / NO	Has your dog received any dog training (such as any form of obedience training)?	Details
Does your dog get on well with children?	YES / NO		

Your Dogs Skills (Circle where appropriate)

Come	Always	Needs some work	Never	Stay/ Wait	Always	Needs some work	Never
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Down	Always	Needs some work	Never	Fetch	Always	Needs some work	Never
Sit	Always	Needs some work	Never	Drop / Leave	Always	Needs some work	Never

Your Dogs behavior

Number of walks per day	Does your dog like to play games (individually/ with other dogs)? Y/N (please detail underneath)	Has your dog ever been in a fight with any other dog? Y/N (please detail if YES)
How does your dog behave on/off the lead (delete where appropriate, detail underneath)?	Is your dog anxious? (i.e. Noise, Actions.....)	
Has your dog ever bitten? Please delete were appropriate	Dog YES/ NO	Human YES/ NO
Does your dog ever growl or snarl?	Dog YES / NO	Human YES/ NO
ANY OTHER COMMENTS.....		

Your Dogs Diet (if your dog is staying with us please supply us with enough foods for their stay, if we need to buy more we will let you know)

What food does your dog eat?	How many times per day	Dietary Requirements (i.e. supplements)
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Health of your Dog

Does your dog have any existing medical conditions we need to know about?	YES / NO	
Does your dog have daily medication?	YES/ NO	
Has your dog been ill recently?	YES/ NO	
Does your dog have any allergies?	YES/ NO	
Does your dog have hip dysplasia?	YES/ NO	
Does your dog have any physical limitations?	YES/ NO	
Does your dog have any sensitive areas on their body?	YES/ NO	

Problems we should know about (PLEASE LEAVE DETAILS IN THE BLANK BOX)

EXCESSIVE BARKING/ DIGGING/ JUMPING/ IGNORING COMMANDS/ CHEWING	
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THE INFORMATION THAT I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.....

DATE / /	SIGNATURE	
NAME OF OWNER		

