



Dog Walking Contract & Information

Registered Owner's Information

First Name: Surname:

Address:

Home Phone: Work Phone:

Mobile Phone: Email:

Emergency Contact Name (should you be unreachable): Relationship:

Home Phone: Mobile Phone:

Does the house have an alarm system? (Please provide codes/keys*):

***Please complete the Key Release Form**

Dog Walking Request

Start Date: End Date: Until Further Notice (Y/N)

	Monday	Tuesday	Wednesday	Thursday	Friday
Walk Duration (30/60 mins)					

Your Dog's Information

Pet Name: Colour & Breed:

DOB: Sex: (M/F) ID Tagged? (Y/N) Microchipped? (Y/N)

Spayed/Castrated? (Y/N) Date of last season for un-neutered bitch:

Veterinary & Medical Information (please complete the Veterinary Consent Form)

Name of Vet:

Address:

Phone Number:

Is your dog insured?

Please list any pre-existing or current health conditions/ allergies/ phobias:

.....

Please list any medication your dog is currently taking and instructions*:

.....

***Any medication must be clearly labelled & include detailed administration instructions as per your Vet. Star Paws will ensure that medication is stored safely.**

Date of vaccinations, & last worm treatment:

.....

(Please show original Vaccination Record)

General Information (to help us care for your dog effectively)

Has your dog ever had issues with any other animal or person? (if so, please advise)	Yes	No
Has your dog had obedience training?	Yes	No
Is your dog used to being socialised?	Yes	No
Does your dog pull excessively on the lead? (is a harness, halti to be used)	Yes	No
Is your dog prone to go into water?	Yes	No
Is your dog allowed to go into water?	Yes	No
Is your dog prone to running off?	Yes	No
Will your dog come back on immediate recall?	Yes	No
Can your dog be walked off lead? (please complete the Off Lead Consent Form)	Yes	No

Is your dog anxious around, or frightened by, any of these - noises, actions, objects, breeds/types of dogs, types of people?

Has your dog ever jumped on someone (if so, please describe the circumstances)?

Has your dog growled or snarled at someone (if so, please describe the circumstances)?

Has your dog ever bitten someone (if so, please describe the circumstances)?

Has your dog ever bitten another dog, other than play-biting (if so, please describe the circumstances)?

Does your dog allow you to take things out of his/her mouth? (Y/N)

Does your dog live with children? (Y/N)

How does your dog behave around new children?

Does your dog react to any of the following? (Please circle all that apply)							
Dogs	Traffic	Cats	People/runners	Sheep	Bicycles	Cows	Horses

Does your dog chase any of the following? (Please circle all that apply)			
Rabbits	Deer	Squirrels	Foxes

Where does your dog sit when travelling in the car? Front/Back/Boot/

Is your dog crate trained? (Y/N)

Does your dog ever get car sick? (Y/N)

Additional Information

Are there any 'off limits' areas in the house:

Is your dog allowed treats whilst in the care of Star Paws?

Will your dog require feeding? Y/N Quantity: Location of lead/harness:

(Please ensure you leave dog towels at home for a post walk clean. Please note your dog may get dirty and it is not always possible to return him/her completely clean. Please advise if you have access to a hosepipe)

Please give any other information that you think would be useful to enable us to give your dog the best possible care:

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Disclaimer & Waiver of Liability: The information I have given in this application is true, correct and complete to the best of my knowledge.

I have read and agree to abide by the Contract and Terms and Conditions for services received from Star Paws. I hereby indemnify Star Paws against liability of any kind whatsoever arising from my dog's participation in any services offered by Star Paws.

Signed: **Date:**

Print Name:

Please tick to accept our terms and conditions