



# Paws and Claws Care

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## Pet Information Form

### Your Details \* Required Information

Owner Name First .....\* Last .....\* Title .....\*

Owner Mobile .....\* Owner email .....\*

Owner Home Phone .....\* Work Phone .....

Owner Address (where dog lives )

Street .....\*

Address .....\*

Town / City .....\* County .....

Post Code .....

Owner 2 Name First .....\* Last .....\* Title .....\*

Owner2 Mobile .....\* Owner 2 email .....

Owner 2 Home Phone ..... Work Phone .....

### Emergency Contact info ( someone we can contact if we can't contact you)

Emergency Contact Name First .....\* Last .....\* Title .....\*

Emergency Mobile No. ....\*

Optional

2<sup>nd</sup> Emergency Contact Name First ..... Last ..... Title .....

2<sup>nd</sup> Emergency Mobile No. ....

### Your Service Requirements

Boarding Start Date ...../...../.....\* Drop off time (if known).....

Boarding End Date ...../...../.....\* Pick up time (if known).....

# Paws and Claws Care Pet Information Form

## Vet Information

Vet Practice .....

Vet Address .....

Vet Town / City ..... \* Vet Post Code .....

Vet Name ..... \* Vet Phone .....

Vet 24 hour Emergency number .....

## Pet Insurance Details

Pet Insurance Company ..... \* Policy No. ....

Pet insurance 24hr contact number .....

## Pet Details

Name ..... \* Breed .....

Colour ..... \* Male or Female .....

DOB ...../...../..... \* Size & weight S M L ..... KG .....

Spayed/ Neutered ? (Please select one) \*

Yes  No (and not going to be)

No – but will be by boarding date

Date of last season (if un-neutered bitch) ...../...../.....

Annual Vaccinations recommended by your vet up to date? \*

Yes  No

No – but will be by boarding date

Has your dog been vaccinated against Kennel Cough? (Please select one) \*

Yes  No

No – but will be by boarding date

Is your dog on regular flea/tick treatment? ie Frontline \*

Yes  No

No – but will be treated prior to boarding.

Is your dog on a regular worming treatment? ie Drontal \*

Yes  No

No – but will be wormed prior to boarding.

# Paws and Claws Care Pet Information Form

Is your dog Microchipped \*

Yes

No

If yes, Chip Number ..... Microchip registration .....

## Your Dogs Behaviour / Discipline

Does your dog have any particular fears or dislikes? Please describe.... \*

Have you observed or do you have any knowledge of your dog ever biting anyone? \*

Yes

Not to my knowledge

If you answered yes to the above question, please give as much information about this behaviour (frequency, severity etc)

Does your dog ever show its teeth or use its teeth / mouth to warn you or others off ? (other than in play)... \*

Yes

Occasionally

Never

If you answered yes or occasionally to the question above, please describe (frequency, severity etc)....

Does your dog like to chew? \*

Yes

Often

Occasionally

Rarely

Never

If you answered Yes, Often or Occasionally to the above question, please describe what your dog likes to chew....

Please also indicate if your dog is likely to chew household items ie: Furniture, cushions, bedding etc.....

How would you describe your dog's behaviour around other dogs?.... \*

How would you describe your dog's behaviour around children?.... \*

How does your dog behave around Horses, livestock, sheep etc?.... \*

Is your Dog a rescue Dog? .....

Any rescue history relevant to the dogs behaviours? .....

# Paws and Claws Care Pet Information Form

Barking - How frequently does your dog bark? \*

- My dog barks all the time
- Very rarely
- Only occasionally at certain things. ....
- At people who come to door.
- My dog is relatively quiet.

Other Nature (Quirks, behaviours not mentioned above)....

## Walking

When out walking and it's safe to do so, do you walk your dog off the lead? \*

- Yes always
- Usually
- Occasionally
- Never - I always walk my dog on the lead.

If you usually walk your dog off the lead, and given that it is safe to do so, will you want us to do the same? \*

- Yes
- No

If Yes please confirm your consent below to allow your dog to be walked off the lead by Paws and Claws Care and your acceptance of responsibility for any circumstances due to this request.

Signed Owner ..... Date .....

Any special instructions regards to walking on or off the lead please supply.....

If / When your dog is off the lead, which of the following best describes your dog's recall? \*

- Very good recall - always comes when called.
- Average recall - will mostly come when called, unless distracted by play or scent.
- Poor recall - it takes a long time to catch my dog if you let him / her off the lead.
- Other

If other please explain.....

Does your dog chase? \*

- Cars
- Cyclists
- Horses, Livestock, Deer
- Other
- Runners
- Postmen
- Squirrels / rabbits
- Doesn't chase

If other please explain.....

What type of lead do you prefer / generally use? \*

- Trigger Clip Lead (Traditional Type of Lead)
- Chain Slip Lead (Noose Type)
- Varies (any type)
- Extendable Trigger Clip Lead
- Nylon Slip Lead (Noose Type)
- Other

If other please explain.....

# Paws and Claws Care Pet Information Form

What types of restraint do you use with your dog (please tick as many as apply)? \*

- Standard Collar
- Full Choke Collar
- Halti
- Other
- Half Choke Collar
- Harness
- Gentle Leader

If other please explain.....

## Home from Home Routine Info

Is your dog allowed upstairs? \*

- Yes
- No

Is your dog allowed on the beds? \*

- Yes
- No

Is your dog allowed on the sofa's / comfy chairs? \*

- Yes
- No

Where does your dog normally sleep?... \*

Has your dog any experience of being crated (caged)? \*

- Yes - my dog is often crated (if yes how long do you leave your dog crated.....)
- Yes - my dog is sometimes crated
- Yes - my dog was crated earlier in life but not any more
- No - my dog has not been crated to my knowledge
- No - my dog does not like being crated

What commands does your dog recognise for toileting when being let out to go to toilet or when on a walk.....

Does your dog toilet best on a quick walk or when let out into garden at night .....

What times are normal for your dog's toileting? \* .....

How long is usual between toilet times for your dog? \* .....

## Usual Daily Routine times \*

Wake up time ..... First Walk of the Day ..... Breakfast feed .....

Lunch Feed ..... Evening Feed ..... Evening Walk .....

Last let out to garden for Toilet ..... Bedtime .....

Any other routines that you think useful.

# Paws and Claws Care Pet Information Form

## Escape Artistry

If your dog spots a chance to escape (either from a garden or an open door) will they try? \*

- Always - my dog is an escape artist and needs a completely secure house
- Sometimes
- Rarely
- Never

## Diet and Feeding

Please indicate feeding times (tick as many as apply) \*

Describe what your dog eats in a day at these feeding times. \*

- Morning (9:00am) .....
- Mid Morning (11:00am) .....
- Lunchtime (12 - 2pm) .....
- Evening (5 - 7pm) .....
- Late supper (9:00pm) .....

Does your dog have any food intolerances? \*

Can they have tit bits such as raw or cooked vegetables? \*

## Medical and Medication

Does your dog suffer from any medical conditions - please describe? \*

Will you require Paws and Claws Care to administer any medication? - please describe. \*

Other information - if we have missed something about your dog that you think might be important, please include this here... \*

# Paws and Claws Care Pet Information Form

## Liability Waiver & Policies:

I understand and agree that in putting my animal(s) in the care of Paws and Claws Care, they have relied on my representation that my animal(s) is/are in good health and has/have not harmed or shown aggressive or threatening behaviour towards any person or any other animal (unless specified).

I further understand and agree that Paws and Claws Care and its staff/associates will exercise due diligence and reasonable care while caring for my pet, and will not be liable for any problems that may arise. I hereby release Paws and Claws Care, its employees and contractors of any liability of any kind whatsoever arising from my animal(s) being in their care.

I further understand and agree that animals can sometimes receive minor cuts and scratches when outdoors or playing. If an animal becomes otherwise ill or injured and is in need of immediate care, Paws and Claws Care will transport the animal to the closest veterinary centre and attempt to reach the owner while the animal is in transit. If the owner is unreachable, Paws and Claws Care will have the veterinarian proceed with any treatment deemed necessary. Owners will assume all financial responsibility for veterinary treatment via the pet's insurance.

I agree for Paws and Claws Care to use photos or video recordings of my animals for marketing or any other purpose.

A 25% deposit is enclosed to confirm initial booking. £ .....  
Balance of fees are payable on commencement of the booking.

I have read and confirm acceptance of Paws and Claws Care Terms and Conditions.

Signed Owner ..... Date .....

Signed for Paws and Claws Care .....