



Dog Walking with Care Check In Record (October 2024)

Dog Name

Your Arrival Date

Check In Time (8.30 – 9am)

- *Details of bespoke times*

Your Departure Date

Check Out Time (9am or 5pm)

- *Details of bespoke times*

I am looking forward to your dog staying with me at our home. This record **must** be completed to meet the Animal Welfare Act (2018) licencing for Home Boarding and adhere to insurance requirements. Please visit www.dogwalkingwithcare.com and click onto the **Preparing to Board** page for more guidance.

The **Check In Record** contains essential care information that may change from stay to stay. I will be able to use it to ensure that information is up to date, everything is returned to you and care routines reflect your wishes.

Unfortunately, I am unable to board your dog if they are unwell or considered to be contagious.

Declaration

I certify that all information provided about my dog within this registration form, is complete, true, and correct. Should any factors relating to my dog's health, behaviour, and well-being change at any time I agree to inform Dog Walking with Care immediately. Any verbal update I provide will be confirmed in writing. I understand any changes may inform withdrawal of services.

Owner Name

Owner Signature

Date

Owner Name			
Keeping in Touch <ul style="list-style-type: none"> (Please X) 	Text	Whats App	Telephone
	Weekly	2 Days	Daily
Your Contact Details			
Emergency Person - Must be a person that can take care of your dog if in an emergency I cannot. They must be able to make important decisions about your dog(s) health and well-being in your absence.			
Name, address & contact details			
Veterinary Consent - Contact your practice to inform them we are caring for your dog(s) and give consent for Dog Walking with Care to access veterinary services if required on your behalf.			
<ul style="list-style-type: none"> Please attach a copy of your confirmation 			
Veterinary Practice Name, address & contact details			
Personal Belongings			
<ul style="list-style-type: none"> 1 X Blanket ONLY - I can only accept bedding which is FULLY washable No responsibility is taken for damage or loss of belongings All feed or water bowls are provided 			
Item and Description			
<ul style="list-style-type: none"> Blanket 			
<ul style="list-style-type: none"> Toy 			
<ul style="list-style-type: none"> Harness/Lead/Collar 			
<ul style="list-style-type: none"> Coat 			
<ul style="list-style-type: none"> Other 			
Help Us to Reduce Plastic Waste – Please DO NOT use single use plastic bags			
Food			
<ul style="list-style-type: none"> Pack what is needed, using a named and re- sealable container with a measuring scoop 			
Treats			
<ul style="list-style-type: none"> Pack what is needed, using a named and re- sealable container with instructions 			
Medication			
<ul style="list-style-type: none"> Pack only what is needed in their original veterinary dispensed containers, complete with instructions, using a named and re- sealable container. 			

Your Dog Health Status – Please X

	Poor	Fair	Excellent
• Teeth			
• Coat			
• Eyes			
• Ears			
• Nails			
• Breathing			
• Other			

Parasite Treatments & Vaccinations

Worm <i>Must be completed 2 weeks before Check In</i>	Flea <i>Must be completed 2 weeks before Check In</i>	Vaccination <i>Must be completed 4 weeks before Check In</i>
Date	Date	Date
Evidence of current vaccinations including Kennel Cough MUST be completed at least 4 weeks prior to check in date & is a legal requirement. Please attach a copy of the vaccination card as proof		

Symptom Confirmations

Coughing	YES	NO
Vomiting (last 48 hrs)	YES	NO
Diarrhoea (last 48hrs)	YES	NO
Infectious Disease (last 21 days)	YES	NO
<ul style="list-style-type: none"> • Season Cycle 	YES	NO N/A
Details	Start Date Week Number	
Other – Insert details		

Details of pre-existing illness

Details of allergies

Details of pre-existing injuries/wounds

Care Instructions for Health & Well - Being

• Teeth	
• Coat	
• Eyes	
• Ears	
• Skin	
• Nails	
• Breathing	
• OTHER	

Medication Needs (Times & Dosage)

🕒	🕒	🕒	🕒
💊	💊	💊	💊

Feeding Routing

At Dog Walking with Care dogs are fed in separate areas to avoid conflict. Your dog's eating habits may be disrupted at the start of their stay, usually appetites return to normal very quickly. However, if your dog does not eat or drink anything for 24hrs I will contact you or your emergency person in advance of seeking veterinary advice or care

Description of normal appetite (Please X)	Poor	Fair	Good
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Breakfast 🕒	Lunch 🕒	Dinner 🕒	Supper 🕒
Portion	Portion	Portion	Portion
What I eat		Allowable Treats	

Tempting Alternatives *(Details of favourites to tempt appetite and aid settling in)*

Behaviour

Please tell me about any biting incidents or signs of aggression including growling and showing teeth

Please tell me about any incidents with livestock/Children/Other Dogs

My Sleeping & Resting Routine

(Please X)	On a dog bed	In a crate	On the sofa
Where I sleep in the day			
Where I sleep at night			

Any Other Details & Attachments

- ✓ Remember a copy of your vaccination record including Kennel Cough
- ✓ Please remember a copy of your veterinary consent

Have you remembered to tell me everything I need to know to take care of your dog(s)? Allergies/Medications ...