

Dog Walking with CareRegistration Record (October 2024)

Dog Name:

Dog Walking with Care is proud to provide a home from home service with a safe and stimulating social place for your dog. To ensure the health, safety and wellbeing of all our guests, this **Registration Form** must be completed for each individual dog and brought to your **Meet & Greet** along with vaccination and Kennel Cough proof. This form is a vital part of the acceptance procedure, and it must be completed truthfully, with all the requested details. If your dog is not accepted a full explanation will be given verbally and in writing at your request. Such a decision will only be made in the best interests of your dog or those belonging to others.

- In accordance with Local Authority licencing conditions, I am unable to home board or walk certain breeds/cross breeds/wild hybrids registered under the Dangerous Dogs Act 1991
- We have chosen not to board American Bully, XL Bully and Pocket Bully breeds, including any dog that is suspected or crossed with these breeds, even if there is a Certificate of Exemption
- I reserve the right to refuse admission to any dog which, in my opinion, is a danger to humans and other dogs in my care
- Registration is renewed annually (January) for regular dogs. For returning dog guests a new registration will be required to ensure all details are up to date.

All data is securely stored and will not be shared unless required by Law. As a Registered and Licenced Home Boarder I must retain this information for at least three years. After such time I will securely dispose and delete your information.

The **Check In Record** contains essential care information that may change from stay to stay. Please remember I am unable to accept your dog at home boarding check in without the completed **Check In Record**. Available as a download www.dogwalkingwithcare.com

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	
Breed	Age	

Weight	Descrip	tion					
Microchip ID – This is a legal requiremen	it						
Owner Details – This is a legal requirement							
Name	Tel	ephone					
Address	Ро	stcode					
Email							
Alternative Emergency Person Details – This is a legal requirement. Someone you trust to care for your dog in an emergency and can make decisions about care for your dog.							
Name		ephone	<u> </u>		ie iei yeui ueg	,•	
Address	Po	stcode					
Veterinar	y Pract	ice Detai	ls				
Name	Tel	ephone					
Address	Ро	stcode					
Pet Insurance Company	Pe	t Insuranc	e Number				
Agreed Access Det	ails (Adv	enture W	alking Only	/)			
Key location							
Key code							
Key allocation							
Specific arrival & departure requirements:							
Doggy I	Likes &	Dislikes					
Likes							
Dislikes							
House Rules: Please tell me about specific rules	for you	r dog					
How does your dog travel in the car? (Please mark with X)	or	F	air		Good		
Multiple dogs from same household • Can they travel together?)			Yes			
18/0	lking M	attors					
Wal	KIIIV IVI	aller.					

Recall Command:								
Recall	Poor	r	Fair		Good			
(Please mark with X)								
Details								
Walking Routines								
Walking Gear	Collar	Lead	Harness		Other			
Please mark X on		- -	-		viour in certain I being the highest rating)			
	-		-	uog (Rec				
Livesto	CK	Ca	ats		Children			
Details		Details		Details				
Large Veh	icles	Ca	ars		Other Dogs			
Details		Details		Details				
Scratchi	ng	Che	wing		Separation			
Details		Details		Details				
Please tell me abou	t any biting o	r incidents of aggr	ession including g	rowling 8	& showing of teeth			
Please tell me abou	t any inciden	ts involving livesto	ck/children/Othe	r Dogs				
Please tell me about related to, toys/foo		ons or possessive	behaviour that yo	ur dog m	ay have			
		Toileting						
Night Time								
Day Time								
Toileting Details								
Tollecting Details								
	Eating, Sleeping & Resting							

Where does your dog like to rest & slee	ep?	Do	g Bed		(Crate		Other
Multiple dogs from same household Can they rest & sleep together	?	No)		ı		Yes	
Multiple dogs from same household Can they eat together?		No)				Yes	
At Dog Walking with Care your d times when this may occur								
including separat								
Does your dog experience separation a				1	No			Yes
on their own?		-,						
Multiple dogs from same household • Can they be left together in the	sam	no ro	oom on	their	No)		Yes
own?	Juii			· ciicii				
In the car on their own • Whilst collecting other dogs for	wal	king	fuel e	ot c	No			Yes
Health Matter				L	' & a	ıdd anv deti	ails)	
	3 (7			VVICITIA	Q u		1113)	
Mobility			Poor			Fair		Good
 Walking 								
Swimming								
Playing with other dogs								
Ascending & descending								
stairs & steps		1.1						
Please identify your dog's	nea	aith		S (Pleas	se m		& add	
Total			Poor			Fair		Good
Teeth								
Coat								
Eyes								
Ears								
Nails								
Breathing /Coughing								
Other								
Allergies - Please a	ıdd c	leta	ils that	will hel	p m	e care for y	our do	q
Environmental	No		Yes		Deta			<u> </u>
Food	No	1	Yes		Deta	ils		
Medicines	No	1	Yes		Deta	ils		
Treatments fo	or P	ara	sites a	and Va	ccir	nation Pro	of	
As part of daily contact, with cuddles an		re r	outines	I will b	e vi	gilant in mo	nitorir	ng your dog for
parasites such as worms, ticks, and fleas Worm Treatment Details					VEC	S/NO	Dat	'Δ
Must be Completed at least 2 weeks bej	ore	cher	ck in		1 63) NO	Dal	. c
date	516	.,,,,,	SN 111					
Flea Treatment Details					YES	S/NO	Dat	e
Must be Completed at least 2 weeks bej	ore	ched	ck in					
date							1	

Vaccinations <u>including Kennel Cough</u> MUST be completed at least 2 weeks prior to check in date.

I cannot admit your dog without up-to-date proof of their vaccinations.

Please attach a copy of the vaccination card as proof

Please continue to the final page to complete the confirmations section.

Confirmations								
 In accordance with Local Authority licensing conditions, I am unable to home board or walk certain breeds as identified as dangerous or wild hybrids 								
I confirm my dog is not a breed that is registered under the Dangerous Dogs Act (1991)								
I confirm my dog is not a hybrid registered under the Dangerous Wild Animal (Act 1976)								
 I confirm my dog is not a hybrid registered under the Dangerous Wild Animal (Act 1976) We have chosen not to board American Bully, XL Bully and Pocket Bully breeds, including any 								
dog that is suspected or crossed with these breeds, even if there is a Certificate of E								
I confirm my dog is not an American Bully, XL Bully or Pocket Bully nor is it a suspected								
cross breed with the afore mentioned breeds								
I confirm I have received, read, and agree to Dog Walking with Care								
*Terms and Conditions *Data Promise								
I confirm that my dog and I have attended an onsite Meet & Greet	Yes / No							
I confirm I have received a Home Visit / Telephone/ Face Time Meet & Greet	Yes / No							
Permissions								
Boarding with resident dogs / compatible dogs / multiple dogs from same household	Alada a dala							
To reduce risk of injury and conflict I assess individual dog's compatibility. I achieve to a second all the second and t								
recorded meet and greet, completion of registration form and when necessary, a ho and introductory session	ine visit							
,	Yes / No							
I give consent for my dog to be home boarded with resident dogs and other compatible dogs	1637116							
I give consent for my dog to receive veterinary assessments and emergency treatment from our named veterinary practice and in an emergency the practice nominated by Dog Walking with Care or one that is closest to the incident								
I give consent for medicines that have been prescribed by a veterinarian to be administered in accordance with their written directions								
I give consent for my multiple dogs to sleep / walk / travel / be left alone with one another								
I give consent for my dog to be walked with resident dogs and other compatible dogs	Yes / No							
Exercising Off the Lead & Off Site								
 I will only walk your dog off the lead once I am confident of a reliable and swift recal 	II. I							
constantly assess risk and give due diligence in ensuring the area is safe, permissible								
livestock.								
I give consent for my dog to be exercised off lead with compatible dogs	Yes / No							
I give consent for my dog to be exercised off lead and off site	Yes / No							
 Photographs & Promotional Materials I would like to use photos of real walks and the dogs that I board as part of promotional materials and on my website and Facebook page. I agree to protect confidentiality and will not identify images with your personal information or post whilst you are away. If you change your mind at any time, you can withdraw your permission. 								
I give consent to the use of images of my dog								
 Use of Crates Dog Walking with Care adhere to the guidelines of the RSPCA and Animal Welfare (2 Regulations. Please request to see RSPCA welfare guide fact sheet. I believe dogs must the ability to freely move about their home environment for socialisation, exercise a stimulation and do not approve of crates as a form of punishment, or continual house RSPCA and many other dog experts believe that a crate is a secure and safe temporate away from other dogs, visitors or when isolation is required 	ust have and sing. The							
Laive concert for my dog to use a crete	Voc / No							

Registration Form: Version October 2024

I give consent for my dog to use a crate

Yes / No