

Title (Mr/Mrs/Ms etc) Forname & Surname		
DOG BASIC INFORMATION		
Name	Breed	Sex (M/F)
Age Birthday	Colour	Desexed
Registration Number	Microchip Number	
DOG MEDICAL HISTORY & HEALTH		
Y/N Please specify		
Any medical conditions		
Please detail		
Recent/current injuries		
Please detail	e.g. Dysplacia	
Any restrictions on movement		
Please detail		
Taking any medication		
Please detail		
Allergies/Food sensitivity	Due du et word	
Date of last dose	Product used	
Flea/worm		
DOG BEHAVIOUR		
Are you happy for us to give your dog treats?		
Is your dog anxious or frightened by any of th		
Noises People Location	Objects Situation	
Has your dog ever Reacted negatively around food	Escaped from your property	
Growled at someone	Bitten someone, or another animal	
If yes, please give details]

SOCIALISATION

How often does your dog socialise?	Does your dog enjoy playing with other dogs?
How does your dog react to other dogs on lead?	How does your dog react to other dogs off lead?
Any type of dog your dog automatically dislikes?	Any type of dog your dog automatically prefers?
What games does your dog enjoy with other dogs?	What games does your dog dislike with other dogs?
Does your dog willingly share food/eat food near other dogs?	does your dog willingly share toys with other dogs?
Has your dog attended formal training? Y/N (if	Y please detail who with and to what level)
PET SERVICES/PRODUCTS USED	
Have you used a day care before (if Y please specify)	Have you used kennels before (if Y please specify)
Have you used a groomer before? (if yes please specify)	
Has your dog ever had a bad experience with any of the above	e? (If Y please detail)
To help us better understand you and your dogs needs, please These details are used as part of our assessment / marketing a DAYCARE	
Frequency Half or Fu	II day Preferred days
GROOMING	

Full Groom

Basic Groom (wash, dry & nails)

ls) Nails only