FOR COMPANY USE:

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| DHP: | LEPTO: | KC: |

Walking Home

Home Boarding & Home Day Care Registration and Consent Form

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| About You | |
| Owner’s Name |  |
| Address |  |
| Land Line Number |  |
| Mobile Number |  |
| Email Address |  |
| Partner / Spouse Name 1  (if applicable) |  |
| Partner / Spouse Number 1  (if applicable) |  |

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| Emergency Contact  *PLEASE NOTE: YOUR EMERGENCY CONTACT MUST NOT BE ON HOLIDAY WITH YOU OR AS THE SAME TIME AS YOU* | |
| Emergency Contact Name |  |
| Emergency Contact Number |  |
| Emergency Contact’s Relationship to Owner |  |
| Emergency Contact Address |  |
| Emergency Contact Email |  |

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| Will your Emergency Contact collect your dog in the event of an emergency? | *YES* | | *NO* | | *If no, please contact us on number:* |
| Will your Emergency Contact make medical decisions in your absence? | *YES* | | *NO* | |  |
| Is your Emergency Contact named as an approved medical decision maker with your vet? | *YES* | | *NO* | | *Under GDPR this is now mandatory.* |
| About Your Dog | | | | | |
| Name of Dog & Breed |  | | |  | |
| Date of Birth (dd-mm-yyyy) |  | | | | |
| Weight of Dog |  | | | | |
| Gender |  | | | | |
| Is your dog neutered? | *Yes/No* | *Details* | | | |
| If female & unneutered, when was your dog last in season? | *If you know, please also tell us about your dog’s season pattern (frequency)* | | | | |
| Microchip details | *Please tell us the microchip company and the microchip number* | | | | |
| Are the details on your dog’s microchip up to date? | *Yes/No*  *Please advise the current details and the plan to update* | | | | |
| Is your dog insured? | *Yes/No*  *Please tell us the company, policy number and expiry date* | | | | |
| Pet Passport Details |  | | | | |

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| Health Section  *Please note that the information in this section will be shared with a vet in the event that your dog requires emergency treatment whilst in our care, and therefore must be clear and accurate.* | | | | |
| Vet Practice Name |  | | | |
| Vet Practice Address |  | | | |
| Vet Practice Telephone |  | | | |
| Vet Practice Out of Hours Service |  | | | |
| Have you registered Walking Home as an approved medical decision maker with your vet? | *YES* | | *NO* | *Under GDPR this is now mandatory.* |
| Do you agree that your dog may be taken to another (nearer) vet if the treatment needed is urgent? | *YES* | | *NO* |  |
| Booster Vaccinations and Dates  *Please note that we will require a copy of your dog’s vaccination certificate for your records. Please contact us for the requirements for a titer testing certificate if you titer test.* |  | | | |
| Kennel Cough Vaccination and Date  *Please note that we will require a copy of your dog’s vaccination certificate for your records. Please contact us if you do not give your dog KC vaccination.* |  | | | |
| Worming | *Please tell us the name of the product that you use, and how often you give wormer to your dog.* | | | |
| Flea Treatment | *Please tell us the name of the product that you use, and how often you flea treat your dog.* | | | |
| Does your dog take regular medication? | *No/Yes* | *Details* | | |
| Does your dog have any allergies? | *No/Yes* | *Details* | | |
| Does your dog have any bathroom issues? | *No/Yes* | *Details* | | |
| Is your dog in generally good health? | *No/Yes* | *Details of current or previous medical conditions* | | |

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| Food and Snacks  *Please note that the information in this section will be shared with a vet in the event that your dog requires emergency treatment whilst in our care, and therefore must be accurate.* | | |
| What do you feed your dog? | *Please tell us the brand(s) of food that you feed your dog - even if you are providing your own food. This information is needed in case of veterinary emergency.* | |
| What is your dog’s feeding routine? | *Please describe breakfast, lunch and dinner as required. Tell us the quantity of each food, and details on any supplements that need to be added.* | |
| Does your dog always finish their meals? | *Yes/No* | *Details* |
| Does your dog guard their food? | *Yes/No* | *Details* |
| Are you happy for your dog to be fed alongside other dogs? | *Yes/No* | *Details* |
| Does your dog have treats or snacks through the day? | *Yes/No* | *Details* |
| Is there anything generally given as healthy snacks that your dog cannot eat? | *Yes/No* | *Details* |

**BEHAVIOUR SECTION**

Please note that the questions in this section are used to establish the right home boarding environment for your dog – so please be honest. Dogs are dogs – there is no expectation of perfection!

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| Indoor Behaviour | | | | |
| Is your dog fully house-trained? | *Yes/No* | *Details* | | |
| How does your dog indicate that it needs the bathroom? |  | | | |
| Is your dog crate trained (a closed door crate)? | *Yes/No* | *Details* | | |
| What is your dog’s bedtime routine? | *Please tell us about the bedtime routine for your dog.* | | | |
| If you are boarding multiple dogs with Walking Home, are you happy for them to sleep together? | *TOGETHER* | | *SEPARATE* | *Any specific information can be added to the Notes section.* |
| Is your dog trained to be left alone for short periods in extreme emergency?  (up to 3 hrs when boarding) | *YES* | | *NO* | *If no, please contact us on:* |
| Are you happy for your dog to settle in a closed door crate if home alone? (as per DEFRA guidelines | *YES* | | *NO* | *If ‘no’ please detail your home alone process in the Notes section.* |
| Does your dog jump up at people? | *Yes/No* | *Details* | | |
| Does your dog bark in the house? | *Yes/No* | *Details* | | |
| Does your dog chew household items? | *Yes/No* | *Details* | | |
| Does your dog mark in the house? | *Yes/No* | *Details* | | |
| Is your dog toy possessive? | *Yes/No* | *Details* | | |
| Can your dog open doors or cupboards? | *Yes/No* | *Details* | | |
| Have you ever received a noise complaint regarding your dog? | *Yes/No* | *Details* | | |
| Does your dog have issues with being around other dogs that are playful? | *Yes/No* | *Details* | | |
| Can your dog mix with the other visitors and resident dogs around the house? | *YES* | | *NO* | *If no, please contact us on:* |
| Can your dog mix with other visitors and resident dogs in the garden? | *YES* | | *NO* | *If no, please contact us on:* |
| Can your dog be walked with other visitors and resident dogs on walks? | *YES* | | *NO* | *If no, please contact us on:* |

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| Outdoor Behaviour & Exercise | | | | |
| Does your dog pull on the lead? | *Yes/No* | *Details* | | |
| Is your dog unsociable (not friendly) around people? | *Yes/No* | *Details* | | |
| Is your dog unsociable (not friendly) with other dogs? | *Yes/No* | *Details* | | |
| Is your dog worried by children? | *Yes/No* | *Details* | | |
| Does your dog dig? | *Yes/No* | *Details* | | |
| Is your dog a water lover? | *Yes/No* | *Details* | | |
| Does your dog paddle in mud? | *Yes/No* | *Details* | | |
| How many walks per day does your dog have, and for how long? |  | | | |
| Will your dog walk in the rain? | *Yes/No* | *If No: Please give alternative options?* | | |
| Where safe and appropriate, do you wish your dog to be exercised off-lead? | *YES* | | *NO* | *This is required for insurance purposes.* |
| For off-lead: Does your dog return easily when off-lead? | *Yes/No* | *Details/Commands* | | |
| For off-lead: Does your dog chase wildlife / livestock? | *Yes/No* | *Details* | | |

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| Other Behaviour Questions | | | | |
| Does your dog travel well in the car? | *Yes/No* | *Details* | | |
| How is your dog secured for travel in the car? | *CRATE* | | *HARNESS* | *If neither option, please add information in the Notes section.* |
| Has your dog ever been aggressive towards another dog? | *Yes/No* | *Details* | | |
| Has your dog ever been aggressive towards a person? | *Yes/No* | *Details* | | |
| Is your dog frightened or stressed by thunder or loud noises? | *Yes/No* | *Details* | | |
| Any fears or phobias (children, vacuum etc)? | *Yes/No* | *Details* | | |
| Has your dog ever had to wear a muzzle? | *Yes/No* | *Details* | | |
| What grooming does your dog require during their stay? Is your dog happy to be groomed? |  | | | |

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| Communication  *Please tell us if your dog knows these commands, and what word you use (if different)* | | | |
| Does your dog know  SIT | *Tick YES* | *Tick NO* | *If NO, what word do you use?* |
| Does your dog know  LIE DOWN | *Tick YES* | *Tick NO* | *If NO, what word do you use?* |
| Does your dog know  OFF (get off) | *Tick YES* | *Tick NO* | *If NO, what word do you use?* |
| Does your dog know  LEAVE | *Tick YES* | *Tick NO* | *If NO, what word do you use?* |
| Does your dog know  WAIT | *Tick YES* | *Tick NO* | *If NO, what word do you use?* |
| Does your dog know  COME | *Tick YES* | *Tick NO* | *If NO, what word do you use?* |
| Does your dog know  NO | *Tick YES* | *Tick NO* | *If NO, what word do you use?* |
| Does your dog know  YES | *Tick YES* | *Tick NO* | *If NO, what word do you use?* |
| Does your dog know  WEE WEE | *Tick YES* | *Tick NO* | *If NO, what word do you use?* |
| Does your dog know  BEDTIME | *Tick YES* | *Tick NO* | *If NO, what word do you use?* |

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| Key Holding Service | |
| Do you wish us to hold a key for you? | YES / NO |
| If we are holding keys, does your property have an alarm? | YES / NO \*\* Please do not enter any alarm details in this section – but ensure that you discuss your property alarm with your Day Carer / Home Boarder. |

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| Notes Section |
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Declaration

I hereby confirm that I am the owner of the pet named on this form and that I authorise Walking Home to act as my pet’s guardian whilst providing the Walking, Day Care or Home Boarding services.

I authorise Walking Home to take any action considered reasonable and appropriate in order to protect my pet and keep it in good physical and mental health, including admission for veterinary treatment or transferring to alternative boarding facilities. I further confirm that I will be responsible for unexpected costs which may be incurred whilst my pet is in the care of Walking Home (costs such as but not limited to veterinary care, boarding fees, equipment and property damage).

In the event that my dog is unwell and I am not able to be contacted, I give Walking Home permission to authorise emergency veterinary treatment on my behalf and have also signed a Service Agreement confirming this.

I confirm that I have read, understood and signed the Walking Home Service Agreement in conjunction with this Registration and Consent form.

I attest that the information I have provided in this document is an accurate account of my pet’s needs and behaviour. I am aware that if my dog behaves in a manner which is dangerous to a person or another dog in Walking Home care, I will be contacted immediately and must make alternative boarding arrangements for my dog. I undertake to keep Walking Home informed of any changes in my pet’s health, behaviour or medical needs before making each new booking.

I understand that if I do not use the services for twelve months or more, I will be required to re-register and my dog must undertake another trial and assessment prior to booking.

I agree that this consent shall remain in effect until it is superseded with a new version, or the requirement for Services is terminated by either party in writing, in accordance with the terms of the Service Agreement.



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| Name |  | Date |  |
| Signature |  | | |

**Checklist**

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| Vaccination Certificate (or letter from vet detailing vaccinations) |  |
| Kennel Cough Certificate (or letter from vet detailing vaccinations) |  |
| Worming product details & frequency |  |
| Flea treatment details & frequency |  |
| Medicine & frequency details (if applicable) |  |
| Microchip details |  |
| Walking ON LEAD or OFF LEAD |  |

Walking Home, Claire Fedder

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