Home Boarding & Day Care – Programme for Behaviour and Training

Walking Home will provide the following guidance to my dog. By completing and signing this form I the owner give my consent:

Dogs Name:……………………………… Owners Name:…………………………...........

Signature:…………………………........... Date:…………………………..........................

The date shown will be the mandatory familiarisation session prior to the stay…………………………………………………………….

Please clearly state your wishes below in the boxes provided, Walking Home will follow these instructions. If consent is required please write in the box = Agree

|  |  |
| --- | --- |
| Enrichment outside & indoors |  |
| Grooming  |  |
| Socialisation  |  |
| Toys to play with |  |
| Treats & Food  |  |
| Walking aids(Halti, Bark collar, Muzzle) |  |
| *Consent In an emergency my dog could be alone for upto 3 hours* |  |
| *Consent to walking with other dogs up to 6 as per Walking Home insurance.*  |  |
| *Consent to be in the garden with other dogs*  |  |
| *Consent to be let off lead when walking* |  |
| *Consent to walk dog/dogs outside of home /* *garden* |  |
| *Consent for dog/dogs to be fed in an appropriate place decided by Walking Home* |  |
| *Crate of the dog**Consent to leave the dog in the door closed* |  |
| *Consent in an emergency for Walking Home to use the closest vet or take the dog the Cathcart & Winn in Farnham* |  |
| Consent in an emergency (fire, heating breakdown).Walking Home can take the dog to its residence. If Walking Home have a key |  |
| Two walks for up to an hour per day in a park, woods or secure area. Road walk when weather conditions or animal health dictates |  |
| Plan for dogs that can not be walked, due to medical issues |  |
| Night Time  |  |
|  Medication (please list instructions and storage requirements) |  |