Jessica’s Pet Carean00185_

**DOG REGISTRATION FORM**

**Home Boarding, Day Care and Walking**

We regret that we cannot take any known aggressive dogs for our service. These include any breeds proscribed under the Dangerous Dogs Act, and bull terriers.

All dogs must be fully vaccinated to include parvovirus, leptospirosis, hepatitis, distemper and kennel cough. Please advise ASAP of any relevant veterinary conditions your dog may have and any medication being taken.

Dog Name

Type of dog inc spayed or castrated

Name of Owner

Address

Phone Numbers

Email

Secondary/Emergency Contact

Main Vet

Dates of vaccinations

Dog Behaviour

Is your dog sociable with other dogs?

Are there any breeds/types of dog your dog dislikes?

Does your dog guard his/her food?

Is your dog fully house – trained?

Where does your dog usually sleep?

Is your dog used to being off the lead and re-called?

Does your dog enjoy to chase other animals, such as horses, cats, squirrels, cows, ducks etc?

Does your dog travel well in the car?

Does your dog have any allergies?

Anything else you think we should know?

We rarely accept bitches in season, and request that owners inform us immediately if they suspect their dog may be coming into season. We reserve the right to return any dog that is in season.

Please advise us of any previous aggression your dog has shown towards people and/or other dogs and inform us of any medication or circumstances that may have recently changed your dog’s behavioural pattern.

Please advise us if your dog has had any issues with food or toy possession, straying off the lead, constant barking, problems with house training etc: as this is extremely important in helping us to assess the level of care that your dog needs and whether or not training is necessary.

I consent to Jessica Clare or her designated representive walking my dog(s) off-lead at times and in places she considers appropriate.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Treatment

I agree to Jessica Clare, or her appointed representative seeking treatment for my dog(s) as and when she deems necessary at my vet, or a vet of her choice. I understand that she will contact me, but she will obtain treatment as soon as it is required whether or not she has been able to contact me. I understand that I am liable for any cost of treatment.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOMEBOARDING

DATES REQUIRED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME OF ARRIVAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME OF DEPARTURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[www.jessicaspetcare.co.uk](http://www.jessicaspetcare.co.uk)

**07917 802849**