



Professional and friendly  
services to delight  
your dog

**Name of dog/s:**

**Date of Birth:**

**Breed of dog/s:**

**Owners name:**

**Email address**

**Address:**

**Contact telephone numbers:**

Please indicate if you are happy for your dog/s to be exercised off lead in safe areas such as parks or woodland. If your dog's recall is not good, he/she will be kept on lead.

I am happy for my dog to be exercised off lead in safe areas:                      Yes                       No

If you tick 'no' we will keep your dog on lead at all times in public spaces.

How does your dog behave around children?

How does your dog behave with other dogs, for example submissive or dominant?

Do they dislike specific breeds/colours of other dogs?

How does your dog/s behave around livestock?

How does your dog/s behave around cats?

Does your dog have any quirky behavioural problems, even small ones?

Specific walking requirements:

Happy for your dog to receive treats?                      Yes                       No

Specific commands

Arrangements for key / access

Instructions for collecting/leaving dog(s), towel

Is your dog male or female? Male  Female

If male, is he a fully intact male? Yes  No  N/A

If female, has she been spayed? Yes  No  N/A

Delete as appropriate: My dog has ...  
*a previous or ongoing medical condition\* OR never had a medical condition, and is currently fit and well*  
\*Details: .....

My dog is allergic to / will have an upset stomach if eating the following: .....

Has your dog been vaccinated against the main canine infectious diseases for example:-  
Canine Distemper, Infectious Canine Hepatitis, Leptospirosis, Canine Parvovirus and also **Kennel Cough**.  
Yes  Date of last vaccinations: .....

Has your dog been treated to prevent fleas? (dogs should be treated every 2 months even in winter)  
Yes  Date of last treatment: ..... No

Has your dog been treated to prevent worms? (dogs should be treated every 3 months)  
Yes  Date of last treatment: ..... No

Do you have pet insurance? Provider: ..... No

Dog's microchip number .....

Vet Practice Phone no.  
Address

In the case of an emergency, please agree or disagree that your dog may receive emergency attention by Simon or Wendy Gundry (this may include CPR, wound treatment, burn treatment, etc.)  
Agree  Disagree

If it becomes necessary for your dog to receive medical treatment and you cannot be contacted by telephone or other means to authorise this, please indicate that your dog may receive medical treatment, including anaesthetic, or possibly euthanasia if considered necessary by the vet treating your dog.  
Agree  Disagree

**Please note that our Pet Business insurance does not cover vet bills relating to previous or ongoing medical conditions. We therefore cannot be held responsible for vet bills relating to those conditions whilst your dog is in my care.** Please indicate your agreement to pay vet bills relating to any previous or ongoing medical condition relating to your dog.  
Agree  Disagree

Payment arrangements

*Cancellation of a scheduled walk will still be charged unless notification is received by 6pm the previous day.*

I give consent that

Are you happy for your dog to be photographed for our Facebook page? Yes  No

I am happy for my dog to be walked with other dogs in your care. Yes  No

I am happy for my dog to be transported by Board with Walking. Yes  No

Please sign to confirm that the indications given above are correct and accurately represent your wishes and that you have read our terms and conditions and privacy policy.

Signature ..... Print your name ..... Date .....

**Board with Walking:** 74a Church Road, Long Hanborough, Witney, Oxfordshire OX29 8JF  
**Terms and conditions:** <http://www.boardwithwalking.co.uk/termsandconditions.php>  
**Privacy Policy:** <http://www.boardwithwalking.co.uk/privacypolicy.php>



See us on Facebook <https://www.facebook.com/BoardwithWalking>

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