Fetch dog walking registration

Name of owner (Please list all if multiple owners)
Address
Telephone
Contact at place of work
E-mail
Name and address of Vet
Emergency contact (This should be someone who can make important decisions on your behalf)
Name
Telephone (please provide work and home if applicable)
About the dog(s)
Name
Breed
Age
Male / Female
Neutered Yes / No
If female and No when is next season due?
Are vaccines up to date? Yes / No (Proof of vaccines will be required)
Is dog regularly treated for worms and fleas? Yes / No
Is dog on any medication? Yes / No
If Yes please give details
Is dog microchipped and details up to date? Yes / No
How long have you owned the dog?
If a rescue do you have a history of it's past? Yes / No
If Yes, please give details

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Any known allergies? Yes / No
If Yes, please give details
Can dog be given treats by dog walker? Yes / No
Any behavioural Issues? Yes / No
If Yes, please give details
Training Disease an arrange Veneral New to the fall arriver
Training. Please answer Yes or No to the following.
Sit Yes / No Stay Yes / No Walk to heel Yes / No Recall Yes / No
Is dog normally walked off lead? Yes / No
Is the dog well socialised with other dogs and people? Yes / No
Has the dog ever showed any signs of aggression? Yes / No
If yes, please give detail
Are there any noises / objects that your dog is fearful of or reacts to? Eg Fireworks, bicycles Yes / No
If Yes, please give details
Are there any activities your dog is restricted from? (eg if suffers from joint problems) Yes / No
If Yes, please give details
Is the dog insured?
Signature of owner