**Dog(s) Walking Pre Consultation Form**

Please read, complete and return to Barton Paws to Doors:

[Julie@bartonpawstodoors.com](mailto:Julie@bartonpawstodoors.com)

47 The Green, Barton Under Needwood, Staffordshire, DE13 8JD

**CLIENTS DETAILS:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone Number (Home) |  |
| Telephone Number (Mobile) |  |
| Telephone Number (Work) |  |
| Email |  |
| Preferred method of contact | Email  Text  Mobile  Home  Work |

**ALTERNATIVE CONTACT DETAILS:**

|  |  |
| --- | --- |
| Relationship |  |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone Number (Home) |  |
| Telephone Number (Mobile) |  |
| Telephone Number (Work) |  |
| Email |  |
| Preferred method of contact | Email  Text  Mobile  Home  Work |

**DOG DETAILS:**

|  |  |
| --- | --- |
| Name |  |
| Breed |  |
| Age (DOB if known) |  |
| Gender | Male / Female |
| Neutered/Spayed | Yes / No |
| Fully Vaccinated | Yes / No |
| Date for next Vaccinations |  |
| Dates Due for Worming Treatment |  |
| Dates Due for Flea Treatment: |  |
| Own a Collar with Tag | Yes / No |
| Accept to use Paws to Doors tag? | Yes / No |
| Micro chipped? | Yes / No |
| Is the dog(s) Insured? | Yes / No |

**VETERINARY DETAILS:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Regular Vet |  |
| Any specific or important information |  |

**PRE INITIAL CONSULTATION:**

|  |  |
| --- | --- |
| Does your dog(s) show aggression towards other dogs, children or people | Yes / No |
| If Yes, please specify further details |  |
| Is your dog possessive over toys or food? | Yes / No |
| Does your dog have any allergies or intolerances? | Yes / No |
| If yes, please specify details |  |
| Do you allow your dog to have treats? | Yes / No |
| If yes, what do you give them? |  |
| Does your dog chase bicycles/cars/cats etc? | Yes / No |
| If yes, please specify further details |  |
| Does you dog travel well in the car? | Yes / No |
| Does your dog pull on the lead whilst being walked? | Yes / No |
| Does your dog jump up at people? | Yes / No |
| Can you dog be walked with other dogs? | Yes / No |
| Does your dog have any health problems? | Yes / No |
| If yes, please specify details |  |
| Has your dog ever bitten anyone? | Yes / No |
| If yes, please specify details |  |
| What collar/lead do you use to walk your dog? |  |
| Are you happy to present on the first consultation your dogs vaccination card and veterinary details? | Yes / No |
| Do you have any further comments/information that may help whilst taking care of your dog? |  |
| Where do you currently walk your dog(s) |  |
| Do you allow your dog(s) off the lead? |  |
| Do you train your dog(s) |  |
| What commands does your dog(s) know and understand? – This will be fully covered within the consultation visit. |  |

**TERMS AND CONDITIONS:**

1. I authorise **Julie Morley** from Barton Paws to Doors pet service to use my house key(s) during the time they will be caring for my pet(s).
2. I authorise Barton Paws to Doors to obtain emergency veterinary care that may be necessary during the time spent with my dog(s). I understand that every effort will be made to make contact with me prior to obtaining emergency care. I accept full responsibility for any charges related to this emergency care. I also authorise Barton Paws to Doors to use a suitable alternative veterinarian if my regular veterinarian is unavailable.
3. I agree to reimburse Barton Paws to Doors with any fees for providing emergency care, as well as any other expenses incurred for unexpected visits, transportation, housing, food or supplies.
4. I will be responsible for any medical expenses and damages resulting from an injury to the dog walker or any other person(s) by my dog(s). I agree to indemnify and hold harmless Barton Paws to Doors in the event of a claim by any person(s) injured by my dog(s)
5. I agree to notify Barton Paws to Doors of any complains/concerns within 24 hours of any appointment.
6. Dogs must be sociable with other dogs, people and children. It is not possible to accept a dog with an aggression problem towards other dogs, people or subject to The Dangerous Dogs Act 1991.
7. I agree that my dog(s) is kept regularly up to date with flea and worm treatment and can supply my dog(s) health certificate to Barton Paws to Doors if necessary.
8. I agree that the form completed within the first consultant and any further consultation that may take place, are to my knowledge and that my dog(s) behavioural issues, if any, have been stated and discussed.
9. I understand that I must give 48 hours notice to cancel any appointments or the full amount will be collected.
10. I agree to pay the full quoted amount to Barton Paws to Doors prior to the appointment.
11. Paws to Doors will be closed for vacations throughout the year. You will be notified at least 30 days in advance.

Barton Paws to Doors reserves the right to use our personal judgement to cancel or cut a walk short in the best interest of your dog(s), if we think this is necessary. Such reasons could include, weather conditions, age, mobility, injury etc.

In the unlikely event that Barton Paws to Doors has to cancel a booking, you shall be notified as soon as possible, by the details given within this form.

I confirm that the details I have given within this form are true to the best of my knowledge. I have seen, read and agree to the terms and conditions, a copy will be signed and retuned to yourself. I hereby agree that I, the undersigned give consent to Barton Paws to Doors to walk my dog, as per my instruction following the initial consultation visit, and I have entrusted a key to be used only as agreed. The key will be returned upon my instruction.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_