

**Buddies Dog Care Services
Client Information Record**

OWNER INFORMATION

Client Name: _____

Address : _____ Postcode : _____

e-mail address : _____

Tel - Home : _____ Work : _____ Mobile : _____

In the event of an emergency which number should be contacted : **Home / Work / Mobile**

If you cannot be contacted on your emergency number is there anyone else we can contact **YES / NO**

Name : _____

Tel - Home : _____ Work : _____ Mobile : _____

PET INFORMATION

Dog's Name: _____ Breed: _____ **Dog / Bitch**

Age : _____ Colour : _____ Weight : _____ Spayed/Neutered **YES / NO**

Veterinarian _____ Tel : _____

Address : _____

Does your dog have a microchip tracker or identity tag? **YES / NO**

Does your dog eat a particular type of food? **MEAT / BISCUITS / OTHER** _____

Does your dog eat a particular brand of food **NO / YES** _____

Does your dog have any medical issues: **NO / YES**

Do you have pet insurance for your Dog? **NO / YES**

Insurers Name : _____ Policy Number : _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Does your dog ever show aggression towards people?

NO / YES

Does your dog ever show fear of or aggression towards children?

NO / YES

Does your dog ever chases cats, squirrels, small dogs, etc?

NO / YES

Does your dog ever attempt to dart through an open door?

NO / YES

Has your dog ever climbed or jumped a fence?

NO / YES How high was it?

Has your dog had obedience training?

NO / YES

Can your dog be let off leash in a designated off-leash area?

NO / YES

Has your dog ever pulled out of his collar, or run away?

NO / YES

Does your dog come when called?

NO / YES / SOMETIMES