



**DORSET
PAWS & 
SNORES**

Dog Walking Registration Form

Owner Information

Full Name:

Phone:

Email:

Address:

Emergency Contact (if different from above)

Name:

Phone:

Email:

Address:

Dog Information

Name:

Breed:

Age: Male Female

Weight (kg):

Spayed/Neutered Yes No

Health & Veterinary Information

Vet Name & Address:

Phone:

Microchip No.:

Vaccinations (dates):

Kennel Cough (dates):

Date of last flea treatment:

Date of last worming treatment:

I confirm my dog is up to date on required vaccines (please provide vaccination record).

Known Medical Conditions/Allergies:

Medications (name/dosage/schedule):

Insurance Company: Policy number:

Phone:

Behaviour & Walking Details

Is your dog friendly with other dogs Yes No Unsure

Is your dog friendly with children Yes No Unsure

Has your dog ever shown aggression to people Yes No

Has your dog ever shown aggression to dogs Yes No

If yes, please explain:

How does your dog behave on a lead:

Does your dog pull Yes No

Preferred walk duration: 30 min 60 min

Recall Instructions

Does your dog come when called Always Sometimes Rarely Never

Recall words/signals used:

Additional recall notes (treats, whistle, special cues):

Special instructions (routes, commands, off-lead rules, etc.):

Allowed treats Yes No

Any other info

Owner Agreement

I understand that while every effort will be made to ensure my dog's safety and well-being, dog walking is at my own risk.

I authorize emergency veterinary care if necessary, with costs to be covered by me.

I confirm my dog is OK to travel in your car.

Solo walking is needed (POA).

I give consent for photos to be shared on facebook business page and website.

I authorise my dog to be walked outside of the home environment.

I confirm my dog can be off lead.

I confirm my dog can be walked with other dogs not from the same household.

I confirm all information provided is accurate.

Signature:

Date: