



**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: