DOG DAYS CHICHESTER

DOG WALKERS

NEW DOG REGISTRATION FORM

If you are registering more than one dog, please complete a new form for each dog you want to register.

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME |  | SURNAME |  |
| DOGS NAME |  | BREED |  |
| SEX |  | AGE |  |
| ADDRESS |  | POSTCODE |  |
| TELEPHONE |  | EMAIL |  |
| EMERGENCY CONTACT |  | TELEPHONE |  |
| VET SURGERY |  | TELEPHONE |  |
| ADDRESS |  | POSTCODE |  |

ARE YOU HAPPY FOR US TO CONTACT YOUR VET IN AN EMERGENCY? YES/NO

Please indicate when you would like your dog walked on the table below. The walking time is one hour, the pick-up/drop off time does not interfere with the walking time.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| AM/PM | MON | TUE | WED | THU | FRI | SAT |
| AM |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |

Your dog will be picked up and returned to your home, please indicate a suitable place to leave a key or your key safe code

…………………………………………………………………………………………………………………………………………………………………..

To ensure your dog has the best possible experience we require the following information.

Are you happy for your dog to have treats? YES/NO

Has your dog been neutered? YES/NO

Has your dog been microchipped? YES/NO

Are your dogs’ vaccinations up to date? YES/NO

Are you happy for your dog to be walked as part of a pack? YES/NO

Are you happy for us to upload photos of your dog to social media? YES/NO

Does your dog have any unusual behavioural characteristics that you are aware of? If the answer to this question is yes, please indicate in the box below.

|  |
| --- |
|  |

Does your dog have any specific likes/dislikes? e.g. Do they like ball throwing etc.

|  |
| --- |
|  |

Does your dog have any specific fears that we should be aware of?

|  |
| --- |
|   |

Our dog walkers are fully insured, CRB/DBS checked and have basic canine first aid training. They are all experienced in handling multiple breeds of dogs.

Please indicate how you would like to pay for your dog walking service.

Cash on collection BACS Transfer on receipt of monthly invoice

Once we have received your registration form, we will arrange a suitable time to meet you and your dog. This will be an opportunity for you to ask any questions you may have and to discuss the range of services we offer.

By signing below, you agree to indemnify Dog Days and their staff from any liability whatsoever arising from your dog’s participation in any service offered by Dog Days. You agree to pay all fees due within the 7-day period from the invoice date.

Signed …………………………………………………………………………………..… Date…………………………………………