



PETS DETAILS

DOGS

Name
Breed
Male / Female Desexed Yes / No DOB

Last Vaccination Last Flea Treatment

Should your dog require flea treatment in our care please leave out medication and instructions

Is your animal registered with the Council? Yes / No Council

Is your pet microchipped? Yes / No M/C Number.....

Is he wearing identification? Collar colour

Your preferred Vet Clinic?

Name Phone

Address

Is your pet allowed inside? Yes / No / NEVER My dog has a dog flap Y / N

Please detail your dogs feeding routine whilst in our care

Morning

Afternoon

Evening

Dog food located

Is your pet on any medication? Yes / No (If yes, please complete health questionnaire)

Does your dog require brushing? YES / NO Please leave brush out if your pet requires brushing

Does your dog like to be walked in the rain? YES / NO (Please ensure a towel is left out for swims / rain walks)

Has your dog had training? Yes / No

What sort of training

Has your dog been trained to walk on the leash? Yes / No

What does your dog walk on ? Flat Collar / Halti / Harness

Where are your dogs leads located?

Where will your dog sleep whilst in our care ?

Is your dog allowed off leash in Onsite's care?

Does your dog like / allowed to swim?

Please explain how your dog interacts with the following

Children Never met / Good / Poor / Excellent / Unsure

Dogs Never met / Good / Poor / Excellent / Unsure

Pups Never met / Good / Poor / Excellent / Unsure

Cats Never met Good / Poor / Excellent / Unsure

Bikes / Skateboards / OtherGood / Poor / Excellent / Unsure

Has your dog been declared dangerous by a Council? Yes / No

Is your dog required to wear a muzzle off your property? Yes / No

Is your dog scared of fireworks / thunder storms / other

Is your dog allergic to anything?

Will you allow Onsite to bring a food treat for your dog (ONLY dog treats)

Has your dog ever had a carer / dog walker care for them before? Y / N

Has your dog ever been left along over night before?

Can your dog (please circle) Sit Drop Comes when called Stand when requested

Wait politely at a door Respond to name & give eye contact Sit beside & in front when requested

Lie down beside and in front of you when requested Leave low level distractions when requested Stays in position

Accept approaches from friendly strangers & sit politely to greet them

Is/ Does your dog (please circle all that apply) Jump on you mouth / bite you bark at you / urinate in

the house / defecate in the house / bark in the car / go off leash / go to the park go for walks / chew your things

seeks attention / growl at other dogs / mount/hump other dogs / mount or hump People / mount or hump objects / has

never met another dog / digs / anxious when alone / independent / dislikes children / dislikes men / dislikes people

pushy / barks excessively / unruly in the car / plays roughly / doesn't get along with other pets / suffers car

travel sickness / Anxious when alone / protective / has excess energy / suspicious/shy with strangers / stubborn / fearful

of other dogs / toilet trained / dislikes grooming / destructive / has bitten someone / has bitten another dog

lunges at other dogs / lunges at other people / pulls on lead / likes to be with you a lot / mouths at hands, clothes or bodies /fearful

of water / fearful of noises/storms / chases things / won't bring retrieved items back / sits in front seat of

car / gets along with family members / able to ignore other dogs / Settle quickly when requested

Please list any other details that Onsite may need to know about your dog.

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