

Bert's Bimbles
62 The Ridings
Portsmouth
Po2 0uf

Bert's Bimbles- Registration Form

YOUR INFORMATION

Name		
Address		
Home phone number		
Mobile number		
Email address		
Alternative emergency contact Please provide name and number		
Which service do you require?	Dog walking	YES / NO
	Day Care	YES / NO
	Day & Overnight	YES / NO
How often do you require this service?		

PET(S) DETAILS

Name			
Animal type/Dog breed			
Colour			
Age			
Distinguishing marks			
Is your pet Micro-chipped?		YES / NO	
Male/Female		Castrated/Spayed	YES / NO

CHARACTER/BEHAVIOUR

Any information you feel I should know, or your pet would benefit from me knowing? i.e. not good with other dogs, chases cats, squirrels etc. Any fears? Special food likes/ dislikes?			
Which commands does your dog understand?			
What is your dog's recall like?	Poor		Only comes back on his/her terms
Please tick in the box	Average		Comes back for treats after 1 or 2 calls
	Good		Comes back after 1 or 2 calls
Would you like me to walk your dog off the lead?	YES / NO	If YES, please indicate in the Off Lead Consent section at the end of this registration form.	

MEDICAL TREATMENT

Vets name & address			
Telephone number			
Is your pet fully insured?	YES / NO		
Full vaccinations up to date.	YES / NO	Details	
Flea & worming treatment up to date.	YES / NO	Details	
Relevant medical conditions, please give details.			
Does your pet get travel sick?	YES / NO		
Any allergies			

OTHER INFORMATION

Does your dog's collar have your contact information on it?	YES / NO	What is the information?
Where are treats/grooming/ cleaning /drying products located?		

Other information you would like me to know, i.e. access to property, etc.

OFF LEAD CONSENT

I hereby give Bert's Bimbles consent to take my dog on off lead walks in trust that this will be done in a safe environment. I certify that, to my understanding, my dog is trustworthy and non-aggressive off the lead and has good recall. I realise that there are certain risks involved with off lead walks and that I will not hold Bert's Bimbles responsible in any way should any harm befall my dog.

YES / NO

I declare that I have read, understand and agree to the statements in the **Bert's Bimbles terms and conditions** .

Signature: _____

Print Name: _____

Date: _____