

## **Dogs Details**

Name & Bre	ed		
Address			
D.O.B (appro	ox)		
De-sexed	YES	NO	(all dogs over the age of 6-months must be de-sexed to join the pack)
Microchip No	D		
Council Regi	stration No		

#### **Owners Details**

Name		
Phone		
Address		
Email		

#### **Emergency Contact**

Name

Phone









#### **My Vet's Details**

Vet Clinic	
Phone	
Address	

#### Vaccinations

Are your dog's vaccinations up to date? YES NO

Any Medical Conditions/Allergies we should be aware of?

#### Tell me about your dog

Do they		Bark excessively YES NO
Come when called YES	NO	Toilet outside YES NO
Jump on humans/ YES	NO	Travel well in the car YES NO
over fences		Show any signs YES NO
Chew furniture/ YES bedding	NO	of anxiety
		Show signs of being shy or apprehensive YES NO
Mounts dogs/ YES humans	NO	sny or apprenensive
nomans		Ha ha









# Please tick services you would like provided

### **Preferred Days**

**Group Walks** 

**Beach Trip** 

Sniff n Wander Walk (30 mins)

Stretch the Legs Walk (1hr)

Slumber Party (overnight stay)

Check In's

# Checklist

Have you provided PK's Pack with the following

House keys Alarm code Access to key safe Copy of current vaccination certificate Signed copy terms and conditions

Is your dog <sub>©</sub> on the gram?

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#### Monday

Tuesday

Wednesday

Thursday

Friday

