THAT'S AMORE PET CARE

Day Care Booking Form

Owner Information

Name: Mr/Mrs/Miss First Name:_____ Surname:_____
Address:_____ Postcode:_____
Home Phone:_____ Work Phone:_____
Mobile Phone:_____ Email:_____
Emergency Contact Name:_____ Telephone:_____

Booking Details

Start Date:_____

Pet Information

Name:_____ Breed:_____ DOB:_____ MICROCHIP NO. _____
Sex: M/F Chipped: Y/N Size: Small/Medium/Large Spayed/Castrated

Name:_____ Breed:_____ DOB:_____ MICROCHIP NO. _____
Sex: M/F Chipped: Y/N Size:Small/Medium/Large Spayed/Castrated

Veterinary Information

Name of Veterinary Surgeon:

_____

Address of Practice:

_____

Telephone Number:

_____

Proof of Vaccination (Canine Distemper, Infectious Canine Hepatitis, Leptospirosis, Canine Parvovirus):_____
Is your dog up to date with Deworming and Tick treatment? YES NO
Do you have pet insurance?_____
Please give details of poor health, medication, food allergies, etc.:

_____

_____

Feeding

Time of Feed: _____ _____ _____

Type and Quantity of food to be provided:

_____

Is your dog possessive over food? YES NO UNSURE

Is your dog allowed treats/titbits?_____

Describe your dog's level of obedience, and any unusual command words that your dog responds to:

_____

_____

Where does your dog usually sleep? Hall, Lounge, Crate, etc.

_____

Does your dog have permission to walk outside the home?	YES	NO
Does your dog pull on a lead when out for walks?	YES	NO
Does your dog have permission to walk off lead?	YES	NO
Can your dog/puppy share the premises with other dogs?	YES	NO

IS YOUR DOG LIKELY TO (Please circle the appropriate answer)

JUMP ONTO FURNITURE?	OFTEN	OCCASIONALLY	NEVER
JUMP UP AT PEOPLE?	OFTEN	OCCASIONALLY	NEVER
BARK?	OFTEN	OCCASIONALLY	NEVER
WHINE?	OFTEN	OCCASIONALLY	NEVER
CHEW FURNITURE?	OFTEN	OCCASIONALLY	NEVER
FIGHT WITH OTHER DOGS?	OFTEN	OCCASIONALLY	NEVER
SCRATCH AT CARPETS OR DOORS?	OFTEN	OCCASIONALLY	NEVER
DOES YOUR DOG HAVE A GOOD RECALL?	OFTEN	OCCASIONALLY	NEVER
DOES YOUR DOG MESS OR URINATE IN THE HOME?	OFTEN	OCCASIONALLY	NEVER

DOES YOUR DOG HAVE PREDATORY BEHAVIOR?	YES	NO	UNSURE
DOES YOUR DOG LIKE KIDS?	YES	NO	UNSURE
DOES YOUR DOG LIKE CATS?	YES	NO	UNSURE
IS YOUR DOG SCARED OF WATER?	YES	NO	UNSURE
IS YOUR DOG SCARED OF TRAFFIC?	YES	NO	UNSURE
IS YOUR DOG SCARED OF BICYCLES, SKATEBOARDS?	YES	NO	UNSURE
IS YOUR DOG CRATE TRAINED?	YES	NO	UNSURE

DOES YOUR DOG CHEW OTHER THINGS? e.g. Pens, Paper, Small objects

_____

IS YOUR DOG POSSESSIVE OR PROTECTIVE OVER FOOD, TOYS, CHEWS, COLLAR etc?

_____

_____

Please give details of any other information that would be relevant or useful to your pet sitter:

_____

_____

I agree to pay as discussed, I agree to the Terms & Conditions and Exercise Plan.

Signed:_____ **Date:**_____