**THAT'S AMORE PET CARE**

# Day Care 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):_____
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 you dog respond to:**

_____

_____

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

_____

Does your dog pull on a lead when out for walks? YES NO

Does your dog have the permission to walk off lead? 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, SKATE BOARD? | 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 and I agree to the Terms and Conditions.

**Signed:**_____ **Date:**_____