**Dog Owner’s Information Sheet, Key Release and Veterinary Authorisation**

**& Off-the-Lead consent Form**

**Please complete, sign and save this form. Then email the form to enquiries@fidofitdorset.co.uk**

|  |  |
| --- | --- |
| Date: | Name: |
| Telephone Number: | Mobile Number: |
| Email: | Address: |
| Second Contact Name: | Telephone Number: |
| Keys Given: Yes/No | Date of Return: |

|  |  |  |
| --- | --- | --- |
| Dog Name: Age:Breed:Sex:Spayed/Neutered:  | Dog Name:Age:Breed:Sex:Spayed/Neutered: | Dog Name:Age:Breed:Sex:Spayed/Neutered: |

**VISITING TIMES & DAYS (Please highlight or circle where applicable)**

How long would you like your dog walked for? Dogs are usually walked for an hour unless agreed otherwise:

**1 hour 30 mins**

 Type of walk: **Pack Solo**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| AMLUNCHTIMEPM | AMLUNCHTIMEPM | AMLUNCHTIMEPM | AMLUNCHTIMEPM | AMLUNCHTIMEPM | BY SPECIALARRANGE-MENT ONLY (EXTRA CHARGESAPPLY) | BY SPECIALARRANGE-MENT ONLY (EXTRA CHARGESAPPLY) |
| Additional Notes: |

**DOG DETAILS**

|  |  |
| --- | --- |
| Where do you keep your lead? |  |
| What room does the dog stay in? |  |
| Can the dog be let off the lead during their walk? |  |
| How does the dog walk off the lead? |  |
| How does the dog react to people and children? |  |
| How does the dog interact with other dogs? |  |
| How does the dog react to livestock/cats etc? |  |
| Is the dog allowed treats? |  |
| Does the dog have any favourite toy or games? |  |
| Is the dog allowed in water? |  |
| How does the dog react to water? |  |
| Does the dog have a favoured walk route? |  |
| Can the dog be transported in the car? |  |
| How does the dog act in the car? |  |
| Does the dog respond to commands? |  |
| Does your dog wear a collar with a tag? |  |
| Does your dog show any signs of aggression? |  |
| How is the dog trained? *(Dominated or rewarded & clicker?)*  |  |
| Is the dog confident or fearful? |  |
| What are the dog’s strengths? *(What commands does he do well?)* |  |
| What are the dog’s weaknesses? *(Does he come first time to a recall?)* |  |
| Do certain actions trigger an aggressive response? *(For example, trying to take his toy away)* |  |
| What does he most love in the world? *(Food, a fuss, or play?)* |  |
| Would you be interested in you and/or dog receiving personal one-to-one fitness training and/or CaniCross training (cross-country running with your dog)? |  |

**IMPORTANT INFORMATION**

|  |  |
| --- | --- |
| Emergency Contact One: | Telephone Number: |
| Emergency Contact Two: | Telephone Number: |
| Insurance Provider: | Is the dog chipped? |
| When was your dog’s last vaccination?: | Medical History: |
| Currently taking any medication(s)?: | Any restrictions on dogs activity?: |
| Allergies: |  |

**SECURITY**

Is your home alarmed?

If yes, please provide the code to allow access:

Do you have a key security box?

If yes, please provide the code to allow access:

**KEY RELEASE AUTHORISATION**

Will a key be given today?

**Where would you like the key to be left following your dog’s walk (Please highlight or circle where applicable)**

Security Box Posted back through letter box A key will be given for all future walks until further notice

**Client Name: Client Signature: Date:**

**PAYMENT DETAILS (Please highlight or circle where applicable)**

How will you be making payment: **Cash Bank Transfer**

When will payment be made? **Per Day Weekly Monthly**

**VETERINARY AUTHORISATION DETAILS**

|  |  |
| --- | --- |
| Vet’s Name: | Telephone Number: |
| Vet’s Address: |

**To the Veterinary Surgery:**

During my absence, FidoFit! will be caring for my dog(s) and has permission to transport them to your surgery for treatment. I authorise you to treat my dog(s) and I as the dog(s) owner will be responsible for payment to you, not FidoFit!

If the case of an emergency, if I cannot be reached, I hereby give FidoFit! permission to transport my dog to the

above-mentioned veterinary surgeon, and make any decisions on treatments they feel need to be carried out without my permission. The walker shall act on my behalf to authorize any treatment excluding euthanasia. I give permission to approve treatment up to £1,000. I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

I understand that FidoFit! assumes no responsibility for the loss of the dog(s) and is released from all liability related to transportation, treatment and expense. This will all be paid for by me the dog owner.

**Client Name: Client Signature: Date:**

**DOGS WHICH ARE ALLOWED OFF THE LEAD ONLY**

I agree that I allow my dog to be let off the lead. I do not hold FidoFit! responsible if my dog(s) is lost or stolen, or if he/she in-dangers itself if they run away. I understand that FidoFit! will not be responsible.

**Client Name: Client Signature: Date:**

The information I have given in this application is true, correct and complete to the best of my knowledge. I have read and agree to abide by the terms and conditions received from FidoFit!

I understand that this form acts as permission to hold keys to my property which I have provided willingly. I hereby indemnify FidoFit! and their staff against any liability of any kind whatsoever arising from damage, loss, disappearance, injury or death to a dog either inside or outside of the home whilst in their care (also includes to any property). I also give FidoFit! permission to transport my dog.

I agree that I will make payment for all services provided at the end of each week unless agreed otherwise by FidoFit!

**Client Name: Client Signature: Date:**

**Upon completion please email the form to** **enquiries@fidofitdorset.co.uk****. Thank you.**