

Paws 4 Thought

New Client-New Dog Questionnaire

Date: _____

Your Name: _____

Address: _____ Town: _____

Postcode: _____

Phone: (H) _____ (W) _____ (M) _____

Email address: _____

Emergency Contact Name & Phone Number: _____

Dog's Name: _____ DOB _____

Breed: _____ Colour: _____

Sex: Neutered Male Intact Male Spayed Female Intact Female

Veterinarian Clinic: _____

How long have you had your dog? _____

Is your dog a rescue? _____

Is/Was your dog **CRATE TRAINED**? _____

Do you have any objections to us giving your dog treats? _____

Is your dog on any medications or does she/he have any medical problems that we need to be aware of? Please list and explain:

Does your dog suffer from any chronic illnesses (seizures, stress diarrhoea, etc.)?



Please answer the following questions as thoroughly as possible:

Does your pet guard objects or food from people? If yes, please explain.

Has your pet ever growled at a person? If yes, please explain.

Has your pet ever snapped at a person? If yes, please explain.

Has your pet ever bitten a person? If yes, please explain.

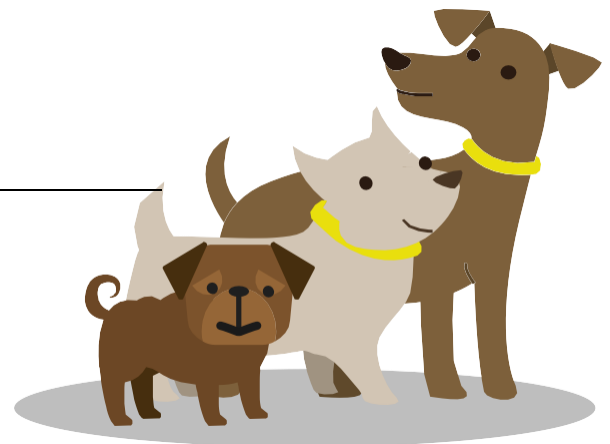
Is your pet afraid of thunderstorms? If yes, does she/he have medication (type and dosage)?

Has your pet ever jumped or climbed a fence? If yes, list type and height of fence.

Does your pet have any behavioural problems that we should be aware of? (for example, doesn't like small dogs, men, women, children, strangers, other dogs; doesn't like collar or a specific part of body touched, etc.)

Thank you very much for your time. Paws 4 Thought's goal is to provide a fun and safe environment for your pet.

Name _____ Dog's Name _____



IMPORTANT EMERGENCY INFORMATION

Since an emergency may happen at any time with your dog, please take the time to have your wishes recorded below. This information is most critical if I need to take your dog to the vets in an emergency.

During your dog's walk I will make every effort to contact your listed vet for any medical emergency. However, after hours, weekends, and holidays, I may have to use the nearest vets.

Please ensure that you let me know for example if your dog sometimes limps after playing ball, gets diarrhoea easily, or occasionally is lethargic and cranky, it would be helpful to have that history available. Then if your dog exhibits these same behaviours when in my care, I will know this is normal for your dog.

If I have to transport your dog to the vet in an emergency, I need to convey your wishes during your absence. Listed below are some questions that need careful consideration. I want to assume no responsibility for any decision that would normally be made by you, your family, and your personal veterinarian without your approval.

1. If it is not life threatening, do you want x-rays taken? **Yes** **No**

2. If it is not life threatening, do you want blood work done? **Yes** **No**

3. If it is not life threatening, do you want the vet to do the minimum to keep your dog comfortable until your dog can be transported to your personal vet or do you want the vet your dog is with to complete treatment?
Minimum only **Yes**
Complete treatment **No**

4. If surgery is involved (for example, bloat) please consider the following:
Complete the surgery no matter what the cost **Yes** **No**

Thank you for taking the time to consider these options. We know it is never easy making such decisions about your dog. Paws 4 Thought are dog lovers and absolutely can relate to these tender decisions.

Owner Signature: _____ Date: _____



Notes & Questions to consider:

Would you like a home visit prior to using Paws 4 Thought services?

Would you like to see a copy of my certificates prior to booking any services with Paws 4 Thought?

Would you like to see a copy of my current DBS?

Would you like to meet my 4 dogs or a selection of them prior to using the services of Paws 4 Thought?

Would you like to block book on the same day and time each week?