

Dog walking info and permissions

Dog Details

Dog Name: Male Female Age: Neutered/spayed? Breed:

Vet Name and address:

Insurance company and policy details:

On a walk

Recall ability: Recall command: Treats for recall?

Pulls on lead Jumps up at strangers Requires muzzle

Likes to fetch Likes water Will chase animals

Likes to get muddy Needs a coat Cannot be let off lead

Fears

Other dogs Cars Children Bangs Other

Commands

Sit Stay Leave Lie-Down Other(s)

Owner details

Full Name:
Telephone:
email address:

Line 1:
Line 2:
Town/Village:
Post Code:

I give permission for Loch Leven Pet Care to walk on / off the lead.
I understand that my dog may be returned to me towel dried and as such muddy.

Date: Print Name Signature

I give Loch Leven Pet Care permission to take to the vet should the need arise and to supply the vet with my insurance details.

Date: Print Name Signature