

# LEAPS AND BOUNDS DOG TRAINING

## Leaps and Bounds Information Form

**Please select options then print or add comments and email to us**

Name		Email	
Address		Postcode	
Home Telephone		Mobile Telephone	
Start of Service		End of Service	

### Your Dog's Details

Number of Dogs		Breed(s)	
Dogs Name(s)		Age(s)	
Last Vaccination Dates		Last wormed Date(s)	

Please select the days you would like you dog walked Walking only)	Please Circle Mon Tue Wed Thu Fri	Can your dog be let off the lead?	Please Circle Yes No	Is your Dog Spayed or Castrated?	Please Circle Yes No
--	--------------------------------------	-----------------------------------	-------------------------	----------------------------------	-------------------------

What is your dogs normal daily routine and where does your dog normally sleep at night? ( Boarding only)	
--	--

Health Problem -Please tell me		Is your dog on medication (If Yes please specify)	
--------------------------------	--	---	--

Usual length of exercise	Hours                  Minutes	How often a day?	
--------------------------	--------------------------------	------------------	--

How fit is your dog	Very fit                  Fit	Please Circle Average	Unfit                  Very unfit
---------------------	-------------------------------	--------------------------	-----------------------------------

Does your dog have any behavioral problems?	Anxiety                  Nervousness	Please Circle Depression	Aggression                  Possessiveness
---	--------------------------------------	-----------------------------	--

Any other behavior problems (please specify)	
--	--

Is your dog happy to be left when you go out? (maximum of 2 hours)	Please Circle Yes                  No	Deflead? <small>*Please note that your dog must have had flea treatment within the last 8 weeks even if there has been no evidence of fleas</small>	Please Circle Yes                  No
--	--	--	--

Name and address of Vet		Telephone number	
-------------------------	--	------------------	--

### Important Information

Emergency Contact Number		Telephone 2	
--------------------------	--	-------------	--

Microchip Details		Insurance Company	
-------------------	--	-------------------	--

### SECURITY DETAILS (please tick boxes as appropriate)

I (the client) release my house key(s) to Mary Broadbent (of Leaps and Bounds) registered petsitter for the duration of the contract. I may revoke this release at any time and expect my keys to be returned to me immediately upon such revocation.	
---	--

I will be at home at the time of service and have no need for my keys to be held.	
---	--

I hereby confirm that I am the owner of the above mentioned dog(s), that I authorize Leaps and Bounds to act as guardian during absence, to take any action which is deemed suitable in order to protect and keep in good health the above named dog(s) and to bear the Cost for any charges incurred either veterinary or other, as a result of any behavioral problems, sickness, accident or damage caused to or by the above named dog(s). Except third party liability and that I will pay any such costs or expenses on demand.

I also understand that no liability will attach to the above mentioned national petsitter. Whilst every possible endeavour will be made to ensure the safety of your dog at all times, in the case of an emergency, I agree that it is at the discretion of Leaps and Bounds to take the dog(s) to the Veterinary Practice named above or the local vet if necessary, for treatment. I agree for treatment to be administered as is deemed necessary by the veterinary surgeon. In the case that dog(s) is/are left without notice for 3 additional consecutive days – I agree that it is at the discretion of Leaps and Bounds to seek alternative homing arrangements.

**I agree to the terms and conditions above**

Signed.....	Date.....
-------------	-----------

