

# Customer Application

## OWNER INFORMATION

Title			
First name			
Surname			
Home phone		Mobile phone	
E-mail		Work phone	
Home Address		Preferred method of contact.	

## EMERGENCY CONTACT INFORMATION

Title			
First name			
Surname			
Home phone		Mobile phone	
E-mail		Work phone	
Emergency Address (if different from owner)		Preferred method of contact	

## DOG BASIC INFORMATION

Dog 1: Name		Dog 1: Breed	Sex:
Age:	Birthday:	Desexed:	Colour:
Registration number		Microchip number	
Dog 2: Name		Dog 2: Breed	Sex:
Age:	Birthday:	Desexed:	Colour:
Registration number		Microchip number	

Where did you get your dog/s from? (breeder, pet shop, SPCA, etc.)

How long have you owned your dog(s)?

## VETERINARIAN INFORMATION

Vet Practice		Phone number	
Address:			

## DOG MEDICAL AND HEALTH

Kennel Cough:

Date received:

Date due:

5 in 1 (DHPPV, distemper,

Parvo etc:

Date received:

Date due:

Lepto virus:

Date received:

Medication used:

Flea/worm treatments:

Date of last dose:

Medication used:

Any known medical conditions? Please specify (e.g. hip/joints, heart, seizures)

Any recent/current injuries/conditions? Please detail

Any restriction of movement? (e.g. dysplasia, arthritis)

Any allergies/food sensitivity?

Is your dog currently taking any medication(s)?

## YOUR DOG'S PROFILE

Where does your dog spend most of its day?

Is your dog allowed on the furniture/bed at home?

How many walks does your dog have per day and what is the average duration?

Does your dog walk on leash, off leash or both?

Where do you usually walk your dog?

Does your dog respond to the recall command?

How many times a day do you feed your dog?

Does your dog get treats? If yes are you happy for us to give treats and what are the favourites?

Is your dog frightened by any of the following: (if yes, please detail)

Noises    People    Other dogs    Objects    Cars

Has your dog ever.....

Reacted negatively around food    Escaped from your property    Growled at someone    Bitten someone  
Showed aggression to other dogs  
(if yes, please detail)

## **SOCIALISATION**

How often does your dog socialize?

Does your dog enjoy playing with other dogs?

How does your dog react to other dogs on lead?

How does your dog react to other dogs off lead?

Are there any types of dog your dog automatically dislikes?

Are there any types of dog your dog automatically prefers?

What games does your dog enjoy with other dogs?

What games does your dog dislike with other dogs?

Does your dog willingly share/eat food near other dogs?

Does your dog willingly share toys with other dogs?

## **TRAINING**

Has your dog attended formal training? If yes, who with & to what level?

Is your dog/has your dog been:

House trained    Crate trained    Lead trained    Tricks trained

Do you use/reward with treats?

Are the following commands known: (please circle command known or indicate alternative words used)

Sit    Stay    Heel    Come    Off    Leave    Down    Wait

Alternative words:

Any other command words used:

## PET SERVICES/PRODUCTS USED

Have you used a kennel before? (If yes, which one?)

Have you used a daycare/pet minder before (If yes, which one?)

Have you used a groomer before? (If yes, which one?)

Have you used a dog walking service before? (If yes, which one?)

Have you/your dog had a bad experience with any of these? (If yes, please detail)

What is the name and address of your current groomer?

What type of food do you feed your dog?

TYPE	BRAND
Dry/Biscuits	
Wet/Tinned	
Raw	
Other	

## DOGS IN MOTION SERVICES

The completion of this customer detail and dog information is required to help us better understand you and your dog's needs in order to tailor a service/services that allows us to ensure that your dog is getting the best care, is safe and having as much fun as possible. Please indicate the services you are interested in. These details will be used at our meet & greet session, where we can discuss in more detail.

SERVICE	FREQUENCY (#DAYS PER WEEK)	PREFERRED DAY/S
Dog walking		
Group play dates		
Puppy parties		
Pick up & drop offs		
Sleep overs (by arrangement)		

## MEET & GREET EVALUATION SESSION

All services with the exception of the pickup & drop offs must have completed a meet and greet session which includes a 30 minute walk. The valuable information gained from this session will ensure that you, your dog & we the Dog walker from Dogs in Motion are completely comfortable with each other, we can group your dog with others to ensure compatibility for safety and enjoyment and you trust your dog is in good hands.

## ACCEPT TERMS AND CONDITIONS – PLEASE READ AND SIGN

- I (the owner) hereby declare to Dogs in Motion Ltd that I am the legal owner of my dog; that my dog has not been exposed to distemper, rabies or parvo within the past (30) thirty days; that my dog has been inoculated as indicated by records presented; that my dog is currently and properly licensed.
- I agree to my dog to be transported in Dogs in Motion Ltd vehicle when & if deemed necessary by Dogs in Motion Ltd staff.

- I understand that Dogs in Motion Ltd, uses a motor vehicle to transport my dog which is a cage free environment, I accept the risks involved and agree that Dogs in Motion Ltd is not liable for any injuries or illnesses resulting during my dog's transportation.
- I understand that Dogs in Motion Ltd take the utmost caution to keep my dog safe. I accept the risks of off leash exercise and agree that Dogs in Motion Ltd is not liable for any injuries or illnesses resulting during either on leash or off leash dog walks provided by Dogs in Motion Ltd.
- I understand that I am liable for any medical care expenses and damages that result from injuries caused by my dog.
- I understand that if my dog has a history of aggression or biting, Dogs in Motion Ltd reserves the right to refuse service for my dog and have disclosed to Dogs in Motion Ltd all known danger associated with my dog
- I expressly waive and relinquish any and all claims against Dogs in Motion Ltd, its employees and representatives, except those arising from negligence on the part of Dogs in Motion Ltd.
- I understand the under no circumstances will Dogs in Motion Ltd be liable of consequential damages or damages beyond the replacement value of my dog.
- If any medical problems develop while my dog is in the care of Dogs in Motion Ltd, I authorise Dogs in Motion Ltd to do whatever they deem necessary for the safety, health and wellbeing of my dog and I agree to assume full financial responsibility for any and all expenses incurred.
- I understand that Dogs in Motion Ltd has the right to refuse service to me and my dog at any time for any reason.
- I understand that I must allow at least 24 hours for notice of cancellation or change in schedule day/time and that I will be charged 100% for "no shows"
- Further to the term and conditions outlined here, I confirm that I have read and understood the daily Rules and Regulations as outlined on Dogs in Motion's website [www.dogsinmotion.co.nz](http://www.dogsinmotion.co.nz)

Signature		Signature	
Name and Title		Name and Title	
Date		Date	
<b>PAYMENT DETAILS</b>			
We accept cash, internet banking and fast pay. Invoices will be emailed weekly for all services and must be paid within 7 days.			
Bookings are essential			