

# PawZ on Patrol

#### **Record Form**

Name of owner:	
Name of dog/s:	
Service:	
Date	



## Boarding Details

Arrival Date:	
Departure Date:	
Propried Pro	
Dog's Name:	
Age:	
Sex:	
Neutered/Spayed:	
Microchip Number:	
Breed / Description:	
Household Group:	
$\square$ This dog is boarding alone	
$\Box$ This dog is boarding with other dog(s) from the s	ame household
Names of other dogs:	_
If applicable please fill out an additional form from pag	e 3 onwards and
both will be filed together.	



#### **Q** Owner Details

Owner's Full Name:
Postal Address:
Telephone Number:
Email Address:
Emergency Contact in your absence
Name:
Postal Address:
Telephone Number:
Email Address:
Veterinarian Information
Clinic Name:
Vet's Name:
Phone Number:
Email Address:



## Insurance Information

Insurance	Provider: _		
Policy Nur	mber:		
<b>%</b> Medica	ıl & Behavio	oural History	
Known me	edical issue	s or allergies:	
Ongoing m	nedications	& dosages (including parasite treatmen	- ts):
Has your d	log ever sho	own aggression towards (please tick)	
Dogs:	yes □	no□	
Adults:	yes□	no□	
Children:	yes□	no□	



Other relevant behavio	ural concerns (anxiety, aggression, etc.):
Any restrictions on exercise	(If yes, details):
How long can your dog be le	eft alone?
<b>✓ Preventive Care</b>	
Treatment	Date
Last Vaccination	
Last Worming	
Last Flea Treatment	



## Feeding & Diet

Diet type/brand:
Quantity per meal:
Feeding schedule: $\square$ Morning $\square$ Afternoon $\square$ Evening
Add times if necessary:
<b>Z</b> <sup>z</sup> Sleeping arrangements
Please give details of your dog's sleeping arrangements when at home:
Additional notes (e.g allergies, quirks, feeding instructions, any other
key details we need to know):



#### Consent (tick if consent is given)

$\square$ Boarding with a dog from other household
$\hfill\Box$ Sharing a room with a dog from another household
$\square$ Dogs walked off lead
$\hfill \square$ Use of a crate during stay- if habituated to it already
$\hfill\Box$ Sleeping/rest with crate door shut- DEFRA guidelines state for a max of 2hrs
$\square$ Feeding without separation from other dogs
$\square$ Walking/socialising with other dogs
☐ Car journeys for walks
Photo Release (Optional)
☐ I agree ☐ I do not agree
to allow PawZ on Patrol to take photos of my dog for social media or promotional purposes.





Please tick to say that all details are correct within this form: $\Box$
Owner's Signature:
Date:
Provider signature:
Date:
Reviews make a difference to us and we value your feedback. Scan this QR code by
opening the camera on your phone and point it at the code. That will take you to the
review. You can also leave reviews on our Facebook page here:
https://www.facebook.com/PawZonPatrolSunderland/
Thank you!
Zoe 🐾
Google QR code: