



Client Agreement Form

General Information

Your name	
Address	
Postcode	
Landline	
Mobile	
Email	
Emergency contact name	
Emergency contact tel no	
Emergency contact address	
Veterinary surgery Name, Address, Tel no	
Security information i.e. house alarm code, instructions	

Area dog is to be kept i.e. any room restrictions, crated?	
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Your Dog's Details

Name	
Age	
Sex	M / F
Breed	
Spayed / neutered	Y / N
If not neutered, date when this will be done. <small>(please note unneutered males and unspayed bitches cannot go on group walks after 6 months of age)</small>	
If unspayed, date of last season	
Microchip number	
Insurance details	
Up-to-date vaccinations Date of vaccination Please provide a copy of vaccination card for our records	Y / N
Date of kennel cough vaccination	
Up-to-date flea/worm treatments	Y / N

Your Dog's Veterinary History

Allergies?	Y / N
Details:	
Previous health problems?	
Please detail medication requirements if applicable.	
Sensitive areas / areas dislike being touched?	
Please detail any exercise restrictions (e.g. displasia, arthritis)	

Your Dog's Behaviour History

How long have you had your dog?	
Please give a brief history of your dog (e.g. adopted?)	
Social skills, please give a brief outline of your dogs experience with other people and dogs including any formal training.	

How does your dog react to other dogs / people when out on walks?	
<p>Please indicate if your dog has any known fears below</p> <p>Noises:</p> <p>Breeds or types of dogs:</p> <p>Types of people:</p>	

Your Dog's Travel Arrangements

Does your dog get car sick?	Y / N
Where does your dog travel in the car?	
Will you be providing a car harness?	

Your Dog's Training

What wording do you use for toileting?	
What words do you use to call your dog back to you?	
What training needs would you like us to work on with your dog?	
Are you happy for your dog to be off leash?	
Does your dog play with other dogs off leash?	
Has your dog ever growled or snarled at any person or animal? If so please provide full details.	
Has your dog ever bitten a dog or person? Please provide full details.	
Does your dog display any possessive behaviour (e.g. over food or toys?)	
Who would your dog's ideal playmates be (e.g. females, calm, boisterous)	

Will your dog chase other animals e.g. cats?	
Is your dog off leash with you as the owner?	Always / Sometimes / Never

Your dog's pick up and drop off routine

Pick up	
Drop off	

Terms and conditions:

1. The client is solely responsible for any and all harm or damage caused by their dog whilst in the care of The Dog Port and agrees to indemnify The Dog Port in full against any liability arising from such harm or damage to third parties.
2. The client agrees that in admitting their dog, The Dog Port has relied on the client's information that their dog is in good health and has not harmed or shown aggression or threatening behaviour towards any person or dog.
3. The client agrees that they remain responsible for the full cost of treatment of any injuries or illness and authorise The Dog Port to seek this veterinary treatment as deemed necessary. The Dog Port will make every effort to ensure this treatment is provided at the dog's own vets if possible.

4. The client agrees to update The Dog Port with any change to their dog's health or behaviour immediately and in writing. Unspayed bitches in season are not able to be walked by The Dog Port.
5. The Dog Port reserves the right to refuse or exclude any dog at their own discretion. Clients who do not have full vaccinations (including kennel cough) will not be able to use The Dog Port's services.
6. The client agrees to their dog being photographed or videotaped and promoted on social media and for advertising purposes. Images remain the property of The Dog Port.
7. The client agrees that their dog will not be fed less than an hour prior to exercising with The Dog Port to avoid the risk of the life threatening condition of bloat.

Disclaimer and waiver of liability

The information I have given in this application is true and complete to the best of my knowledge.

I have read and agree to the Terms and Conditions provided and hereby indemnify The Dog Port and their staff against liability of any kind arising from my dog's participation in any services offered by The Dog Port.

Full name:

Signature:

Date:

Off Leash Consent Form

I agree to The Dog Port having the right to allow my dog off leash exercise and understand that all terms and conditions remain the same.

If you do not wish your dog to have off leash exercise please detail and sign below:

I do not give permission for my dog to be allowed off leash.

Signed: _____

Dated: _____

The Dog Port is perfectly happy to walk dogs on leash if this is what clients are more comfortable with. If clients do give permission for off leash exercise this will be at our discretion to ensure we agree that their recall is predictable and reliable.