

HIGHLANDS WALKERS

Owner's name:

Address:

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Phone No:

Email:

Dog name: Breed:

Age: Sex:

Emergency Contact

Vet Name: Ph:

Relative/Friend: Ph:

Details:

Does your dog come when called? Yes/No

Does your dog chase other dogs/cats etc? Yes/No

Does your dog have separation/anxiety issues? Yes/No

Is your dog overly aggressive towards other dogs? Yes/No

Is your dog aggressive to humans? Yes/No

Does your dog require any special food

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Any other information you may feel is important for us to know

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Signed:.....

Dated.....

Date of Arrival:..... Date of departure: