



CHESTERFIELD

BOROUGH COUNCIL

This is a template set of questions that Chesterfield Borough Council has produced to assist home boarding owners meet their licensing objectives and ensure as so far as is reasonably practicable the safety and welfare of dogs but also of under 5s and other children. You can use this form and adapt it for your business.

Name of Business	
Telephone No	Licence number
Client Booking Form	
Owners Name	Telephone No
Address	Mobile No
.....	Email Address
.....	
Are you contactable whilst you are away? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, contact number whilst away	
<u>Emergency Contact Details</u>	
Name	Telephone No
Address	Mobile No
.....	Email Address
.....	
<u>Vet Details</u>	
Dogs Vet	Telephone No
Address	
.....	Do you have pet insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
.....	
.....	
Dates	
Arrival	Estimated drop off time
Departure	Estimated pick up time
Do you require pick up/drop off service? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Dog Details

Name of Dog Breed
Age DOB Colour
Gender Distinguishing marks

Has your dog been neutered/spayed? Yes No

If No to above question - When was she last in season? Due

Identification

Is your dog micro chipped Yes No

Microchip number
Registered with Telephone No

Does your dog have an identification tattoo Yes No

Location Description

Vaccinations

Date of last vaccination Date of next vaccination

Includes Kennel Cough Yes No

Date of last flea treatment Date of next flea treatment

Product Used.....

Date of last worming treatment Date of next worming treatment

Product Used.....

Other Vaccinations (please list)

Medical History

Does your dog have any ongoing/current/reoccurring illness or allergies?
Please list

.....
.....
.....

Is your dog on any current and/or regular medication?
Please list

.....
.....
.....

Instructions for medication administration

Note: please ensure you supply enough medication for the duration of your dogs stay.

Dietary Requirements

What do you feed your dog?

Quantities – Morning Afternoon Evening
& Time

What treats do you feed your dog? How often?

Does your dog have any food allergies of foods they should not eat?
Please list

Is your dog possessive over food? Yes No

Children – this section is to assess your dogs suitability to be in a home where under 5s or other children may live or visit.

Is your dog from a household where:-

under 5s live? Yes No Please state age/ages

Other children live? Yes No

Does your dog associate with:- Please give example

under 5s? Yes No

Other children? Yes No

Do you put control measures in place when your dog is with:-

under 5s? Yes No Please list

Other children? Yes No

Does your dog have a problem with being around under 5s?:- (E.g. anxious, aggressive)

Yes No Please give examples

Other children? Yes No

Would you agree to your dog being around under 5s? Yes No

Other children? Yes No

Please give any other information that will help me assess your dog being around under 5s or other children in the home or on walks

General Behaviour – it will help me if I know more about your dog

Can your dog be boarded with dogs from another household? Yes No

Please sign here if yes

Can your dog be boarded with my own dogs? Yes No

Please sign here if yes

Out of home meeting to socialise dogs out of the home

Date Time Place

Can your dog be boarded with Cats Yes No

Can your dog be exercised off the lead? Yes No

Please sign here if yes

Does your dog pull when on the lead? Yes No

If yes can you let me know how you overcome this

How often does your dog require walking and how long?

Please states where your dog usually sleeps

Does your dog:-

Enjoy being groomed/brushed Yes No

Does your dog jump onto furniture Yes No

Chew Furniture Yes No

Chew other items other than their own toys Yes No

Likes affection whenever its given Yes No

Likes affection on his/her terms Yes No

Afraid of thunder Yes No

- Afraid of loud noises Yes No
- Nervous of strangers..... Yes No
- Travels well in a car Yes No
- Excessive Barker Yes No
- Can be nippy Yes No
- Bites/Chews Yes No
- Vocal when playing..... Yes No
- Possessive Yes No

When my dog barks/growls it could mean

When my dog whines/cries it could mean

When my dog wants to go to the toilet he/she will

Please write a few lines to let me know the commands you use and things your dog may respond to and any other information that you may feel that will help me look after your dog

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Equipment

Will you be providing your own:-

- Water bowl Yes No
- Bed Yes No
- Toys Yes No
- Treats Yes No

- Food bowl Yes No
- Blanket Yes No
- Food Yes No

Other Items? Please list

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