Paws Claws 'N' Hooves
(Thanet) Pet Services

PET INFORMATION FORM

PET 1 INFORMATION

Pet Name	
Species/Breed	
Age	
Sex	Male / Female
Spayed/Neutered	Yes / No
Feeding Instructions	
Medications (if any)	
Allergies/Health Issues	
For Dogs/Cats – Vaccination Record	Please provide copy of up-to-date vaccination record
Date last wormed	
Date last flea Treatment	
For Dogs – Microchip Number	

PET 2 INFORMATION

Pet Name	
Species/Breed	
Age	
Sex	Male / Female
Spayed/Neutered	Yes / No
Feeding Instructions	
Medications (if any)	
Allergies/Health Issues	
For Dogs/Cats – Vaccination Record	Please provide copy of up-to-date vaccination record
Date last wormed	

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Date last flea Treatment	
For Dogs – Microchip Number	

BEHAVIOURS & SOCIAL

Aggression – Has your dog displayed any aggression towards any other animals or people? **Please Specify:**	
Does your pet suffer from any fears or phobias, such as: fireworks, other dogs, motor vehicles, or cyclists? **Please Specify:**	
Does your pet suffer from nervousness, separation anxiety, leash pulling, jumping up, escaping? **Please Specify:**	
Does your pet chase other animals, cats, birds etc.? **Please Specify:**	

DOG WALKING

Does your pet have good recall when called?	
Will your pet require any special considerations for the walk? (senior, arthritis, deaf, disability etc.)	
Do you use a lead or a harness with name tag? To be provided by Owner	

PET SITTING & POP-IN HOME VISITS

Are there areas or rooms in your property that your pet is not allowed?	
Feeding times	
Do you require me to administer medicine to your pet during my visit? **Please specify:**	
Are your property grounds secure enough to prevent your pets escaping?	
What is the regular toilet routine?	

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Favourite Toy(s)/Activities	

Pet Sitting and Walking Declaration I confirm that all the information given by me is correct and accurate. I also, understand that if any of the information I have provided is later found to be false or misleading, services may be withdrawn or terminated. Name Signed Date

AUTHORIZATION & AGREEMENT

I authorize the Dog Walker/Pet Sitter to enter my home and care for my pet(s) as outlined above. I have disclosed all relevant information to ensure my pet's safety and well-being. I confirm that all the information given by me is correct and accurate. I also, understand that if any of the information I have provided is later found to be false or misleading, services may be withdrawn or terminated.

Signature: _____

Date: _____