



# Lead the way

## Alton

Contact@leadtheway.co.uk

07741858710

Owners information	
Address::	
Postcode:	
Is Lead The Way Alton a key holder for this address? Yes [ ] No [ ] (please fill out keys and access form)	
Is there an alarm system? Yes [ ] No [ ]	
Location: (please do not put code on this form)	
Owner one – first point of call	Owner two
Name:	Name:
Phone number:	Phone number:
Email:	Email:
Would you like updates of the walk/ visit? Yes [ ] No [ ]	Would you like updates of the walk/ visit? Yes [ ] No [ ]
Emergency contact information	
Name:	
Relationship:	
Address:	
Post code:	
Phone number:	
Email:	
Vet details	
Name	Address:
Phone number	Post code:
Out of hours phone number if different:	
Pets details	
Name:	Are your pets Vaccinations up to date? Yes [ ] No [ ] Next due:
Type of animal:	
Breed (if applicable):	Is your pet fled and up to date? Yes [ ] No [ ] Next due:
Age:	
Sex: Male [ ] Female [ ]	Is your pet wormed and up to date? Yes [ ] No [ ] Next due :
Is your pet neutered? Yes [ ] No [ ]	
Is your pet chipped? Yes [ ] No [ ]	Is your pet allowed treats? Yes [ ] No [ ] supplied only [ ]
Number if known:	Location:
Has your pet got a name tag with address/phone number? Yes [ ] No [ ]	Where does your pet sleep at night?
	Approx. time:

Pets Name \_\_\_\_\_



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Would you like us to get one for you? Yes [ ] No [ ] I agree to Charge of £10 [ ]	Has your pet got a safe space/ hiding place? Yes [ ] no [ ] location		
Insured: yes [ ] No [ ]			
Pets favourite toy/ activity?	Can your pet be left alone? Yes [ ] No [ ]		
	Duration can be left for ____ hours		
<b>Medical information</b>			
Medical conditions:			
<b>Drugs taken and directions</b>			
Morning:	Approx. time		
Afternoon:	Approx. time		
Evening:	Approx. time		
<b>Please mark boxes and fill in information that applies pet - Dog</b>			
Pulls on led	<input type="checkbox"/>	Guards toys	<input type="checkbox"/>
Can walk on a lead with other dogs	<input type="checkbox"/>	Guards food	<input type="checkbox"/>
Has good recall	<input type="checkbox"/>	Over friendly with other dogs	<input type="checkbox"/>
Walks /plays safely off lead	<input type="checkbox"/>	Shows aggression to strangers	<input type="checkbox"/>
Responds to whistle	<input type="checkbox"/>	Shows aggression to other dogs	<input type="checkbox"/>
Responds to clicker	<input type="checkbox"/>	Uses a crate at home	<input type="checkbox"/>
Responds to name	<input type="checkbox"/>	Has issues going into a crate	<input type="checkbox"/>
Chases other animals (bird/rabbit etc)	<input type="checkbox"/>	Is happy to travel in a vehicle	<input type="checkbox"/>
Jumps up on people	<input type="checkbox"/>	Is house trained	<input type="checkbox"/>
Tries to eat everything on a walk	<input type="checkbox"/>	Has accidents in the house	<input type="checkbox"/>
Is food driven	<input type="checkbox"/>	Has worked with a trainer	<input type="checkbox"/>
Is toy driven	<input type="checkbox"/>	Has worked with a beh	<input type="checkbox"/>
Can use most dog shampoos if required	<input type="checkbox"/>	Is happy to be towel dried	<input type="checkbox"/>
Is your pet allowed off lead? Yes [ ] No [ ] If yes please fill in off lead form			
Any triggers that make your pet reactive/ fearful:			
How do you calm them in these situations?			

Pets Name \_\_\_\_\_



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Rooms Not allowed access to:			
Room to be left in after a walk:			Shut door? Yes [ ] No [ ]
<b>Please mark boxes and fill in information that applies pet – cats</b>			
<b>NOT</b> Allowed outside		Rooms your cat is Not allowed:	
Uses a cat flap to get in and out		Litter trays location:	
Uses a window to get in and out		Frequency of cleaned?	
Uses a litter tray		Frequency changed?	
Number of litter trays in the house			
<b>Caged animals information (birds/rabbits/hamsters/Ginning pigs etc)</b>			
Location of cage:		Location of fresh food/bedding:	
Are they handled? Yes [ ] No [ ]		Frequency of bedding changed?	
Do they bite? Yes [ ] No [ ]			
Do they have a run/ ball? Yes [ ] No [ ]			
Other information to guide for care			
<b>Feeding information</b>			
Wet food [ ] Amount:		Dry food [ ] Amount:	
Brand:		Brand:	
Amount of times fed in one day?			
Breakfast [ ]	Approx. time	Amount	Medication yes [ ] no [ ]
Lunch [ ]	Approx. time	Amount	Medication yes [ ] no [ ]
Dinner [ ]	Approx. time	Amount	Medication yes [ ] no [ ]
Food and bowls location:			
Other information regarding food and feeding times:			
<b>Other information to help in the care of your animals ~Please use the backpage if you need more space~</b>			



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Type of booking required

Please tick the boxes for the required service you would like us to provide.

Dog walking		Solo dog walking		Visits/ pop ins	
Monday	Tuesday	Wednesday	Thursday	Friday	
<b>Booking slot one</b> (pick up/visiting times between the hours of 8.30am – 12pm)					
<b>Booking slot two</b> (pick up/visiting times between the hours of 11 am- 3pm)					
<b>Booking slot three</b> (pick up/visiting times between the hours of 2pm- 6pm)					
<b>Overnight pet sitting</b>					
Date leaving		Time leaving		Date returning	
				Time due back	
Dustbin day		Any other information that I may need while staying at your home address			

I the client named below have filled this form to the best of my knowledge I understand that it is my responsibility to update Lead The Way Alton of any changes of circumstances, including emergency contact numbers.

I except that Lead the way Alton will use the information listed as a reference, and will referred to this document for care of your pet and therefore will not hold Lead The Way Alton Accountable for false or misleading information that I have provided.

Clients Name

Clients signature

Date