

BULLAR TREE QUESTIONNAIRE - DOGS

Whilst your dog is in our care, every effort will be made to ensure their safety & comfort. In order for us to provide the best service we can & keep as close to their usual routine as possible, please complete this questionnaire so that we can get to know your dog from your perspective before meeting them ourselves:

Owners Name & Address: _____

Dogs' Name: _____ Breed: _____ Age or DOB: _____

Sex: _____ Neutered Y/N Microchip No: _____

Vet Details: _____

Any pre-existing health issues? _____

What do you feed your dog & how often? _____

Are they allowed treats? Y/N

Date of last flea/worm treatment _____

Name of flea/worm treatment used _____

Please answer the following questions, providing more detail overleaf if necessary:

Is your dog good off lead/good recall? _____

Is your dog good with other dogs? _____

If yes, please sign & print your name here to confirm your authorisation for us to exercise your dog with other well socialised dogs: _____

Does your dog mind being dried with a towel? Y/N

Does your dog enjoy being fussed & cuddled? Y/N

Any areas they don't like being touched? _____

Do they have a favourite exercise activity? _____

Is your dog ever aggressive with strangers? _____

Does your dog have any 'strange' habits? Y/N

Details _____