



# Dog Walking with Care

## Registration Record (April 2026)

**Dog Name:**

Dog Walking with Care is proud to provide a home from home service with a safe and stimulating social place for your dog. To ensure the health, safety and wellbeing of all our guests, this **Registration Form** must be completed for each individual dog and brought to your **Meet & Greet** along with vaccination and Kennel Cough proof. This form is a vital part of the acceptance procedure, and it must be completed truthfully, with all the requested details. If your dog is not accepted a full explanation will be given verbally and in writing at your request. Such a decision will only be made in the best interests of your dog or those belonging to others.

- In accordance with Local Authority licencing conditions, I am unable to home board or walk certain breeds/cross breeds/wild hybrids registered under the Dangerous Dogs Act 1991
- We have chosen not to board American Bully, XL Bully and Pocket Bully breeds, including any dog that is suspected or crossed with these breeds, even if there is a Certificate of Exemption
- I reserve the right to refuse admission to any dog which, in my opinion, is a danger to humans and other dogs in my care
- Registration is renewed annually (January) for regular dogs. For returning dog guests a new registration will be required to ensure all details are up to date.

All data is securely stored and will not be shared unless required by Law. As a Registered and Licenced Home Boarder I must retain this information for at least three years. After such time I will securely dispose and delete your information.

The **Check In Record** contains essential care information that may change from stay to stay. Please remember I am unable to accept your dog at home boarding check in without the completed **Check In Record**. Available as a download [www.dogwalkingwithcare.com](http://www.dogwalkingwithcare.com)

### Declaration

**I certify that all information provided about my dog within this registration form, is complete, true, and correct. Should any factors relating to my dog's health, behaviour and well-being change at any time I agree to inform Dog Walking with Care immediately. Any verbal update I provide will be confirmed in writing. I understand any changes may inform withdrawal of services.**

Owner Name

Owner Signature

Date

Breed	Age		
Weight	Description		
<b>Microchip ID – This is a legal requirement</b>			
<b>Owner Details – This is a legal requirement</b>			
Name	Telephone		
Address	Postcode		
Email			
<b>Alternative Emergency Person Details – This is a legal requirement.</b>			
Someone you trust to care for your dog in an emergency and can make decisions about care for your dog.			
Name	Telephone		
Address	Postcode		
<b>Veterinary Practice Details</b>			
Name	Telephone		
Address	Postcode		
Pet Insurance Company	Pet Insurance Number		
<b>Agreed Access Details (Adventure Walking Only)</b>			
Key location			
Key code			
Key allocation			
Specific arrival & departure requirements:			
<b>Doggy Likes &amp; Dislikes</b>			
Likes			
Dislikes			
House Rules: Please tell me about specific rules for your dog			
How does your dog travel in the car? <i>(Please mark with X)</i>	Poor	Fair	Good
Multiple dogs from same household • Can they travel together?	No	Yes	

## Walking Matters

**Recall Command:**

Recall <i>(Please mark with X)</i>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>
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**Details**

**Walking Routines**

**Walking Gear**

Collar

Lead

Harness

Other

**Please mark X on the traffic light system to assess your dog's behaviour in certain situations & add any details that will help me care for your dog (Red being the highest rating)**

Livestock	Cats	Children
Details	Details	Details
Large Vehicles	Cars	Other Dogs
Details	Details	Details
Scratching	Chewing	Separation
Details	Details	Details

**Please tell me about any biting or incidents of aggression including growling & showing of teeth**

**Please tell me about any incidents involving livestock/children/Other Dogs**

**Please tell me about any obsessions or possessive behaviour that your dog may have related to, toys/food/other**

### Toileting

- Night Time

- Day Time

**Toileting Details**

Eating, Sleeping & Resting			
Where does your dog like to rest & sleep?	Dog Bed	Crate	Other
Multiple dogs from same household • Can they rest & sleep together?	No	Yes	
Multiple dogs from same household • Can they eat together?	No	Yes	
<b>At Dog Walking with Care your dog(s) will not be routinely left on their own. There are times when this may occur, please tell me more about your dog's needs including separation anxiety in the following situations.</b>			
Does your dog experience separation anxiety in the house on their own?	No	Yes	
Multiple dogs from same household • Can they be left together in the same room on their own?	No	Yes	
In the car on their own • Whilst collecting other dogs for walking, fuel etc	No	Yes	
Health Matters <i>(Please mark with X &amp; add any details)</i>			
Mobility	Poor	Fair	Good
• Walking			
• Swimming			
• Playing with other dogs			
• Ascending & descending stairs & steps			
Please identify your dog's health status <i>(Please mark with X &amp; add any details)</i>			
	Poor	Fair	Good
Teeth			
Coat			
Eyes			
Ears			
Nails			
Breathing /Coughing			
Other			
Allergies - <i>Please add details that will help me care for your dog</i>			
Environmental	No / Yes	Details	
Food	No / Yes	Details	
Medicines	No / Yes	Details	
Treatments for Parasites and Vaccination Proof			
As part of daily contact, with cuddles and care routines I will be vigilant in monitoring your dog for parasites such as worms, ticks, and fleas.			
<b>Worm Treatment Details</b> <i>Must be Completed at least 2 weeks before check in date</i>	YES/NO	Date	
<b>Flea Treatment Details</b> <i>Must be Completed at least 2 weeks before check in date</i>	YES/NO	Date	

**Vaccinations including Kennel Cough MUST be completed  
at least 2 weeks prior to check in date.**

**I cannot admit your dog without up-to-date proof  
of their vaccinations.**

*Please attach a copy of the vaccination card as proof*

**Please continue to complete the confirmations page**

**Remember to complete the two veterinary consents.**

- 1. To share with your veterinary practice to confirm consent**
- 2. Out of Hours consent is returned with this completed form**

## Confirmations

<ul style="list-style-type: none"> <li>In accordance with Local Authority licensing conditions, I am unable to home board or walk certain breeds as identified as dangerous or wild hybrids</li> </ul>	
<b>I confirm my dog is not a breed that is registered under the Dangerous Dogs Act (1991)</b>	Yes / No
<b>I confirm my dog is not a hybrid registered under the Dangerous Wild Animal (Act 1976)</b>	Yes / No
<ul style="list-style-type: none"> <li>We have chosen not to board American Bully, XL Bully and Pocket Bully breeds, including any dog that is suspected or crossed with these breeds, even if there is a Certificate of Exemption</li> </ul>	
<b>I confirm my dog is not an American Bully, XL Bully or Pocket Bully nor is it a suspected cross breed with the afore mentioned breeds</b>	Yes / No
<b>I confirm I have received, read, and agree to Dog Walking with Care *Terms and Conditions *Data Promise</b>	Yes / No
<b>I confirm that my dog and I have attended an onsite Meet &amp; Greet</b>	Yes / No
<b>I confirm I have received a Home Visit / Telephone/ Face Time Meet &amp; Greet</b>	Yes / No
<b>Permissions</b>	
<b>Boarding with resident dogs / compatible dogs / multiple dogs from same household</b> <ul style="list-style-type: none"> <li>To reduce risk of injury and conflict I assess individual dog's compatibility. I achieve this with a recorded meet and greet, completion of registration form and when necessary, a home visit and introductory session</li> </ul>	
<b>I give consent for my dog to be home boarded with resident dogs and other compatible dogs</b>	Yes / No
<b>I give consent for my dog to receive veterinary assessments and emergency treatment from our named veterinary practice and in an emergency the practice nominated by Dog Walking with Care or one that is closest to the incident</b>	Yes / No
<b>I give consent for medicines that have been prescribed by a veterinarian to be administered in accordance with their written directions</b>	Yes / No
<b>I give consent for my multiple dogs to sleep / walk / travel / be left alone with one another</b>	Yes / No
<b>I give consent for my dog to be walked with resident dogs and other compatible dogs</b>	Yes / No
<b>Exercising Off the Lead &amp; Off Site</b> <ul style="list-style-type: none"> <li>I will only walk your dog off the lead once I am confident of a reliable and swift recall. I constantly assess risk and give due diligence in ensuring the area is safe, permissible &amp; free of livestock.</li> </ul>	
<b>I give consent for my dog to be exercised off lead with compatible dogs</b>	Yes / No
<b>I give consent for my dog to be exercised off lead and off site</b>	Yes / No
<b>Photographs &amp; Promotional Materials</b> <ul style="list-style-type: none"> <li>I would like to use photos of real walks and the dogs that I board as part of promotional materials and on my website and Facebook page. I agree to protect confidentiality and will not identify images with your personal information or post whilst you are away. If you change your mind at any time, you can withdraw your permission.</li> </ul>	
<b>I give consent to the use of images of my dog</b>	Yes / No
<b>Use of Crates</b> <ul style="list-style-type: none"> <li>Dog Walking with Care adhere to the guidelines of the RSPCA and Animal Welfare (2018) Regulations. Please request to see RSPCA welfare guide fact sheet. I believe dogs must have the ability to freely move about their home environment for socialisation, exercise and stimulation and do not approve of crates as a form of punishment, or continual housing. The RSPCA and many other dog experts believe that a crate is a secure and safe temporary place to be away from other dogs, visitors or when isolation is required</li> </ul>	
<b>I give consent for my dog to use a crate</b>	Yes / No



## Dog Walking with Care Veterinary Consent (April 2026)

1 Valley View Trebursye Launceston PL15 7ET

Tele 0754 7156 160

Email: [dogwalkerandcare@gmail.com](mailto:dogwalkerandcare@gmail.com)

Website: [www.dogwalkingwithcare.com](http://www.dogwalkingwithcare.com)

Veterinary Practice	Owner Name
	Dog(s) Name(s)
Address	Address
Postcode	Postcode
Telephone	Telephone
Email	Email

**Date:** \_\_\_\_\_ **Ref: Consent to Access Veterinary Care**

Dear Sir/Madam/Name of your Vet

Our dog(s) **NAME(S)**

are using dog care services provided by Dog Walking with Care.

Please allow Dog Walking with Care access to veterinary care services on our behalf. We will settle any billing on our return.

Please confirm you have received this information by email and kindly copy in

[dogwalkerandcare@gmail.com](mailto:dogwalkerandcare@gmail.com) to act as confirmation.

Yours sincerely



## Dog Walking with Care

### Emergency Out Of Hours Veterinary Consent (April 2026)

1 Valley View Trebursye Launceston PL15 7ET

Tele 0754 7156 160

Email: [dogwalkerandcare@gmail.com](mailto:dogwalkerandcare@gmail.com)

Website: [www.dogwalkingwithcare.com](http://www.dogwalkingwithcare.com)

<b>Veterinary Practice - Out Of Hours Emergency Hub</b>	<b>Owner Name</b>
<b>Beacon</b>	<b>Dog(s) Name(s)</b>
<b>Address</b> Chapel Parc Chapel Town, Summer Court	<b>Address</b>
Postcode TR8 5AH	<b>Postcode</b>
Telephone	<b>Telephone</b>
	<b>Email</b>

**Date:**                      **Ref: Consent to Access Out of Hours Veterinary Care**

**Dear Beacon – *Out of Hours Emergency Veterinary Care Provider***

Our dog(s) **NAME(S)**

are using dog care services provided by Dog Walking with Care.

Please allow Dog Walking with Care access to veterinary care services on our behalf. We will settle any billing on our return.

Yours sincerely