STAYS & STOLLS with LORI

QUESTIONNAIRE	
Owners Name:	
Owners Address:	
Contact Tel. No.	
Email Address:	
Emergency Contact if owner unavailable:	
Usual Vets name, address & Tel. no.	
Dogs Name:	
Dogs Breed:	
Dogs age:	
Dogs Gender:	
Castrated/Neutered? Yes/ No	
Microchip No:	
Dogs are pack animals. Are you happy for your dog to socialise?	
Do you consent to off lead walks in safe environments? E.g. Beach, Woods	

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Does your dog have good recall?	
Is your dog happy being left alone for a period of time? If yes, for how long?	
How many walks a day does your dog have? Times & duration.	
Is your dog fed once or twice a day? Amount & time of day. Please provide sufficient food for their stay.	
Do you consent to your dog being given chews/treats? If any special requirements, please list.	
Where does your dog sleep at night? Dog beds are available, but your dog may be more comfortable with their own bed/blankets.	
Do you consent for me to administer medication, if provided by you or your vet? Please list medications and doses.	
Does your dog have any allergies?	
Details of any relevant medical & behavioural history	

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I have requested that Lori care for my dog(s) during their stay and I agree that I cannot hold her responsible for loss or injury incurred to my dog(s) or another dog or person, unless they are found negligent.

Stays and Strolls are fully insured.

Client Name:	
Signature:	**Date:**
The above consents relate to:	**Names:**