



# Woodside Dog Walks



Woodside Cottage, 37 East Main Street, Blackburn, West Lothian, EH47 7QR

[www.woodsidedogwalks.co.uk](http://www.woodsidedogwalks.co.uk) 07910719557

## Woodside Dog Walks Contract

### Owners' Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Dogs' Information

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender: MALE  FEMALE

Age: \_\_\_\_\_

Characteristics e.g. colouring: \_\_\_\_\_

\_\_\_\_\_

Has dog been spayed/neutered: YES  NO

Date of last season: \_\_\_\_\_

Microchip NO: \_\_\_\_\_

Vaccinations are up to date: YES  NO  Please show WDW dogs vaccination certificate.

Date of next vaccination: \_\_\_\_\_

Does dog receive regular flea and worm treatment: YES  NO



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## Dogs' Information Continued

Has dog received any formal training: YES  NO

If YES please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If NO does dog respond to any commands: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does dog behave around humans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does dog behave around other dogs/animals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does dog have any health conditions/allergies : \_\_\_\_\_

\_\_\_\_\_

Is dog on any medication: \_\_\_\_\_

\_\_\_\_\_

Does dog have any restrictions on their activity: \_\_\_\_\_

\_\_\_\_\_

Please briefly describe your dog's general behaviour: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any situations which cause dog anxiety: \_\_\_\_\_

\_\_\_\_\_



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## Dog Information Continued

Has dog ever shown signs of aggression and if so please give details: \_\_\_\_\_

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Does dog normally walk with: Standard Leash  Extending Leash

Where is dog's harness/collar located: \_\_\_\_\_

Does dog like to take anything with them during walks e.g. ball: \_\_\_\_\_

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Does dog receive a treat at end of walk: YES  NO

If YES what treats do they receive and where are they located: \_\_\_\_\_

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Where is dog's water bowl located: \_\_\_\_\_

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Please give any routine instructions for pick up and return of dog:

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Any other information you feel is relevant: \_\_\_\_\_

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## Schedule

From home walk

Away from home walk

Weekend walk

Monday  Tuesday  Wednesday  Thursday  Friday

Saturday  Sunday

Estimated pick up time: \_\_\_\_\_ Start Date: \_\_\_\_\_

I grant WDW (Gemma Margaret Duncan & Margaret Sarah Duncan) permission to use first aid on my dog(s) when deemed necessary. Including CPR  Excluding CPR

WDW may use pictures of my dog(s) on their website and social media.

To my knowledge all the information provided above is accurate at the time of completion. If any of the information changes I will contact WDW as soon as possible.

I have read and agree with the terms and conditions provided.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_