|  |  |  |  |
| --- | --- | --- | --- |
| **General information** | | | |
| Name: |  | | Pet’s photo   * Use a good quality image * Use a picture of your pet in the domestic setting |
| Species: |  | |
| Breed:  *N.B. If your dog is a banned breed, include their Index number.* |  | |
| Sex: |  | |
| Age: |  | |
| Colour: |  | |
| Microchip number: |  | |
| Neutered? *Yes/No* |  | |
| Date of last flea treatment: |  | |
| Date of last wormer: |  | |
| Date of last vaccination: |  | |
| **About your pet** | | | |
| *Suggested things to include about your pet and how you care for them:*   * *Pet’s nature, if your pet is good with people/other animals (if relevant)* * *How long you have owned your pet for, if you are the first owner, if you have had pets before* * *Information on what you provide to your pet such as enrichment toys, how long they may be left alone for, your daily routine* * *If your dog is a banned breed, provide information on the conditions of the exemption that you have to comply with* * *Any other steps you have taken to be a responsible dog owner (such as attending muzzle training or 121 training sessions or any pictures at training classes etc.)* * *Any training your dog is good at and how this is applied in the community/at home (visitor training etc.)* | | | |
| **Contact details of pet owner** | | | |
| Name: | |  | |
| Telephone number: | |  | |
| **Contact details of veterinary practice** | | | |
| Name: | |  | |
| Address: | |  | |
| Telephone number: | |  | |
| Out of hours number: | |  | |
| Contact details of person who can care for my pet in case of an emergency | | | |
| Name: | |  | |
| Telephone number: | |  | |
| Email: | |  | |
| Previous landlord’s details (if available) for a reference | | | |
| Name: | |  | |
| Telephone number: | |  | |
| Email: | |  | |