



PH: (09) 8133776 M: 027 434 8170 www.k9to5.co.nz

nz

Your name:			www.	v.facebook.com/k9to5
Address:			-	
Phone Numbers: (Conta	act names and in	order of preference)		
Name:	(Hm)	(Wk)	(Mbl)	
Name:	(Hm)	(Wk)	(MbI)	
Emergency Contact:				
Name:	F	Relationship to you:		_
Phone Numbers: (Hm)		(Wk)	_ (Mbl)	
Veterinarian:				
Name of Practice:		Veterinarians	Name:	
Physical Address:				
Phone Number:				
In the case of a medica	ıl emergency, plea	se indicate which opti	on applies:	
Please contact me	and take my dog t	o my preferred vet.		
Please contact me	and take my dog t	o the nearest vet for ir	nmediate assistanc	e.

Dog's Profile

Name:	Sex:	Breed:	Colour:
D.O.B/Age:		Desexed: Y/N	
How long have you o	wned your dog fo	or?	
	•	eir history or backgrour	nd?
How does your dog r	eact in a social sit	uation? (i.e. at the dog	park or meeting other dogs in public)
		gression or fear? Yes /	No.
			r smaller dogs?
ls your dog possessi	ve/aggressive of t	oys at all? Yes / No	
If yes, how does he/s	he react?		
Has your dog had an	y obedience traini	ng? Yes / No	
What commands is y	our dog used to h	earing? (Sit, stay etc.)	
ls your dog a jumper	? Yes / No. If Yes	up to what height?	
,			ould be aware of including if they're on
Are you ok with your	dog being given f	ood (possyum) as a rew	vard for good behaviours? Yes/No?
If no, is there someth	ing else you would	d prefer for them to be	given?

•		_	r your dog, either one on	
Any other intere	esting things you w	ould like us to kno	ow about your dog?	
	for your dogs pictu and/or Instagram?	re to be shown or	n our website, for advertis	ing or, on social media
		•	veterinary costs in the eve	, ,