Owner details & care permissions

Dog Care Consent & Veterinary Authorisation

Please complete one form per dog. Select Yes or No for each permission and tell us about any restrictions in the care instructions section.

1 Owner, dog and emergency contact details

Owner's full name _____

Dog's name _____

Home address and postcode _____

Mobile number _____

Email address _____

Emergency contact's full name _____

Relationship to you _____

Emergency contact's mobile number _____

	Yes	No
If we cannot reach you, may your emergency contact collect your dog on your behalf?	☐	☐

2 Day-to-day care permissions

I give permission for my dog to…

	Yes	No
Rest or sleep in the same day care space as dogs from other households.	☐	☐
Play on the premises with dogs from other households.	☐	☐
Join supervised walks away from the day care premises with dogs from other households, where offered.	☐	☐
Exercise off lead when the carer considers it safe. The carer will consider the location, the group and how reliably my dog responds to commands.	☐	☐
Be transported by the team for day care, walks or other agreed care needs.	☐	☐
Be fed in the presence of other dogs under staff supervision.	☐	☐
Use a crate, provided my dog is already comfortable using one.	☐	☐
Take part in the agreed enrichment and exercise programme, which may include free running within the grounds, walks, socialisation and play.	☐	☐
Receive basic grooming and routine health checks. This may include wiping around the eyes, helping prevent matting and checking the coat, teeth, ears and nails for visible concerns or signs of parasites. I understand that any additional professional services arranged will be charged to me.	☐	☐

Care instructions & vet details

Dog Care Consent & Veterinary Authorisation

Dog's name _____

3 Care instructions

Feeding and medication. List any food allergies, dietary restrictions or feeding instructions. If you've arranged for us to give medication, include its name, dose, how it should be given and when.

_____

_____

What helps your dog feel comfortable? Tell us what your dog finds stressful and what helps them settle. For example, let us know if they guard food or toys, dislike having their paws or ears touched, or need a quiet place to rest.

_____

_____

Any restrictions on the permissions you've given? _____

4 Photos and videos

	Yes	No
Optional. I give Wagging Tails Ironbridge permission to use photos and videos of my dog on social media and in promotional materials.	☐	☐

5 Veterinary details

Usual veterinary practice _____

Practice phone number _____

Practice address and postcode _____

Out-of-hours provider and phone number _____

Known medical conditions or other information the vet should know _____

_____

Veterinary authorisation

Dog Care Consent & Veterinary Authorisation

Dog's name _____

6 Veterinary permissions and charges

While my dog is in their care, Sandy Chatters and the Wagging Tails Ironbridge team will contact me as soon as possible if my dog becomes ill or is injured and needs veterinary attention.

	Yes	No
I authorise the team to transport my dog to my usual veterinary practice and arrange an assessment or emergency treatment if necessary.	☐	☐
I authorise the team to choose another vet if my usual practice is unavailable, including an emergency veterinary clinic outside normal opening hours.	☐	☐
I authorise the treating vet to administer treatment authorised on my behalf in line with the permissions and spending limit I've given on this form.	☐	☐
I authorise the team to give my dog medication prescribed by the treating vet.	☐	☐

Treatment spending limit. If I have authorised treatment, Sandy Chatters or her team may approve treatment on my behalf up to £_____. Write "no limit" if you do not wish to set a maximum.

Responsibility for charges. I agree to pay the charges arising from the veterinary care I have authorised, including veterinary fees, medication, additional visits and transport.

7 Instructions in extreme circumstances

	Yes	No
In extreme circumstances, I authorise the treating vet to euthanise my dog if the vet considers it necessary and all reasonable attempts have been made to contact me or my emergency contact.	☐	☐

If my dog dies while in your care, my preference is

☐ Cremation ☐ Remain at the veterinary practice pending arrangements ☐ Other

Further instructions _____

Declarations & signatures

Dog Care Consent & Veterinary Authorisation

Dog's name _____

8 Owner declaration

Please tick each box to confirm.

- ☐ The information I have provided on this form and in my booking details is accurate.
- ☐ Before any future service, I will tell Wagging Tails Ironbridge about changes to my dog's health, medication or behaviour, or to my contact details or permissions.
- ☐ I understand that vaccination and parasite-treatment records must be checked before each service. I will keep my dog's records up to date in My Pet Walker.
- ☐ If my dog needs to leave care because of aggressive behaviour or an urgent welfare issue, such as coming into season, I will arrange collection myself or ask my representative to collect. If necessary, I authorise Wagging Tails Ironbridge to arrange alternative kennels or boarding at my expense.
- ☐ I have read the Privacy Policy available in My Pet Walker.
- ☐ I have read and agree to the Terms & Conditions available in My Pet Walker.

9 Liability acknowledgements

	Yes	No
General liability. I agree that I cannot hold the Service Provider responsible for loss or injury incurred (to my own dog(s) or to another animal or person) as a result, unless Wagging Tail Ironbridge is shown to be negligent.	☐	☐
Veterinary transport and treatment. I agree that Wagging Tails Ironbridge is released from all liability related to the transportation to and from the veterinarian and treatment for sickness or emergency. This release will remain valid for all current and future visits unless a new release is signed.	☐	☐

10 Signatures

By signing, I authorise Wagging Tails Ironbridge and its team to care for my dog in line with the permissions and instructions I have given on this form.

Dog owner or authorised representative

Signature _____

Print name _____

Date _____

Wagging Tails Ironbridge representative

Signature _____

Print name _____

Date _____