



Care - Agreement
between
dog owner and Dogs - der Hundehort

Dog owner

First name.....

Last name.....

Address.....

Zip/Place.....

Phone.....

Mobile.....

E-Mail.....

Emergency contact.....

.....

.....

You have sufficient personal liability insurance

Yes No

Can we let your dog off the leash during the walk?

Yes No

Are you bringing your own food (in portions) and
chewing things with you?

No Yes, which one?.....

.....

.....

Dog

Name.....

Breed.....

Date of birth.....

Gender Male Castrated

Female Castrated

Is your dog vaccinated? Yes No

Last deworming, Date.....

Last flea and tick treatment, Date

Your veterinarian (address and phone number)

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Which feeding do you want for your dog?

Biologically species-appropriate raw fodder

High quality, well tolerated dry food

Special feeding (please specify).....

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Information about the dog:

Allergies Yes, which one? No

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Diseases Yes, which one? No

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Medicine Yes, which one? No

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Additional Information.....

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Is your dog jumping over fences? Yes, how high? No

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Does your dog have problems with certain dog breeds / types? Yes, which one? No

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Have there been incidents with dogs or humans? Yes, which ones? No

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The dog owner undertakes to inform Dogs – der Hundehort of any changes to the above information.

Photo/movie material of my dog may be published Yes No

I hereby confirm that I have read and agree to the terms and conditions of Dogs - der Hundehort.

Place/Date Signature Dog owner.....

Place/Date Signature *Dogs-der Hundehort*.....