Client Information Form

Client Details

Full Name:	
Home Address:	
Postcode:	
Mobile Number:	
Email Address:	
Preferred Method of Contact:	☐ Phone ☐ Text ☐ Email ☐ WhatsApp

Emergency Contact Details

Emergency Contact Name:	
Relationship to Client:	
Primary Telephone Number:	
Alternative Telephone Number:	

Pet Information

Pet Name:	
Species/Breed:	
Date of Birth / Age:	
Sex:	
Neutered/Spayed:	☐ Yes ☐ No
Colour / Identifying Features:	
Microchip Number:	
Insurance Provider:	
Insurance Policy Number:	

Health Information

Veterinary Practice Name:	
Veterinary Telephone Number:	
Known Medical Conditions:	
Current Medication:	
Allergies or Dietary Restrictions:	
Date of Most Recent Vaccinations:	

Behaviour and Temperament

Friendly with Other Dogs:	☐ Yes ☐ No
Friendly with People:	☐ Yes ☐ No
Nervous or Anxious:	☐ Yes ☐ No
Reactive on Lead:	☐ Yes ☐ No
Strong Prey Drive:	☐ Yes ☐ No
History of Aggression:	☐ Yes ☐ No
Resource Guarding:	☐ Yes ☐ No
Escape Artist:	☐ Yes ☐ No
Pulls on Lead:	☐ Yes ☐ No
Fear of Loud Noises:	☐ Yes ☐ No
Additional Behaviour Information:	

Exercise Preferences

Typical Walk Duration:	
Preferred Walking Locations:	
Off-Lead Permission Granted:	☐ Yes ☐ No
Recall Reliability:	☐ Excellent ☐ Good ☐ Inconsistent ☐ Not Reliable
Commands Your Pet Responds To:	

Feeding and Care Instructions

Feeding Times:	
Food Type and Portion Size:	
Treats Permitted:	☐ Yes ☐ No
Special Care Requirements:	

Home Access Information

Preferred Collection Time:	
Preferred Drop-Off Time:	
Access Method:	☐Key ☐ Lockbox ☐ Key Safe ☐ Access Code ☐ Client Present
Key or Access Reference Number:	
Alarm Instructions:	
Special Property Instructions:	

Consents and Authorisations

I give permission for Moorland Tails to transport my pet in a suitably secured vehicle.	☐ Yes ☐ No
I authorise Moorland Tails to seek veterinary treatment if I cannot be contacted in an emergency.	☐ Yes ☐ No
I consent to photographs or videos of my pet being used on the Moorland Tails website and social media channels.	☐ Yes ☐ No
I confirm that I have read and understood the Moorland Tails Terms and Conditions.	☐ Yes ☐ No
I consent to Moorland Tails collecting and processing my personal information in accordance with the Privacy Policy.	☐ Yes ☐ No

Client Declaration

I confirm that the information provided in this form is accurate and complete to the best of my knowledge.

I agree to notify Moorland Tails promptly of any changes to my contact details, my pet's health, behaviour, routine, or access arrangements.

Client Name:	
Signature:	
Date:	

Additional Pets

Please duplicate the **Pet Information**, **Health Information**, **Behaviour and Temperament**, **Exercise Preferences**, and **Feeding and Care Instructions** sections for each additional pet.