



Paws for People®

Public Liability Insurance 2013

Handler Details:	Dog (s) Details
Name:	Name:
Postal Address:	Breed:
	Gender:
	Spayed / Neutered:
Tel No:	Age:
Cell No.	PFP Registration No.: (if applicable)
'E' mail address: And or fax:	My dog is fed a dry food (kibble) diet – Yes No My dog is fed a raw food (BARF) diet – Yes No
What area (unit) do you fall under	My dog was last vaccinated on:
How long has your dog been a Paws for People® Therapy Dog (in years)?	My dog has regular treatment for Spiro-Cerca-Lupi? Yes or No.
What type of facilities do you visit – i.e. children, old folks, hospitals etc?	What tick and flea control do you currently use?
Physical Address:	What de-wormer do you currently use and how often do you de-worm your dog? In the last year, have you had any issues with your dog? i.e. aggression, illness etc.....
Handler Signature _____	