



Client Information Form

Dog's Name _____ Today's Date _____
DOB/Approx. Age _____
Breed _____ Gender/Altered? _____
Owner's Name(s) _____
Cell Phone _____
Home Phone _____
Email Address _____

Yes! Please sign me up to receive the Beyond the Walk newsletter for service updates/promotions and information on dog behavior.

Address _____

Emergency Contact

Name/Relationship _____ Phone _____

Vaccination History

	Given	Expires
Rabies	_____	_____
Distemper	_____	_____
Bordatella	_____	_____
Flea/Tick Prev	Type: _____	
Heartworm Prev	Type: _____	
Other Vaccinations:	_____	

Allergies: _____

Beyond the Walk

Doggie Daycare and Boarding

Medical Conditions/Concerns and Relevant Instructions:

Diet

My dog eats _____ cups of _____ dry food _____ times per day.

Additional Feeding Instructions: _____

Has your dog ever experienced digestive issues or diarrhea for more than 1 day? If so, please explain below: **Yes** **No**

My dog can eat: USA made biscuits/treats | cheese | PB2 peanut butter | meat (chicken, beef, etc.)

My dog can only eat the food/treats he/she came with.

My dog should **never** eat: _____

Behavior

How does your dog feel about...

Other dogs	  	Strangers	  
Kids	  	Cars/Car Rides	  
Collar being grabbed	  	Food/items taken away	  
Other dogs near food/toys	  	Going in a crate/isolation	  

Does your dog have a history of chewing/destroying household items? If so, has your dog ever consumed non-edible items or parts including blankets/towels, stuffed toys, or parts of the aforementioned? If so, please explain below: **Yes** **No**

Please list any (or top 3) instances in which your dog was uncomfortable/growled/bitten: