



OWNER INFORMATION

Date: _____
Client Name: _____ e-mail: _____
Cell phone _____ Other Parent _____
Address _____ City _____ Postal Code _____
Door Code? _____ Best way to enter your home? _____
Preferred Walk days _____ Time _____
How did you hear about us (Referral? WHO!! We'll give them 10% off their next adventure) _____

PET INFORMATION

Dog's Name: _____ Breed: _____ M/F _____ Spay/Neut. _____
Age _____ Veterinarian _____ Phone _____
Address _____
Health issues: _____
Behavior Issues: _____
Is your dog up to date on vaccinations and Bordetella Vaccine? _____ Renewal Date _____
Is your dog on a flea treatment? _____
Does your dog have pet insurance? _____ Plan # _____
Do you Authorize the dog walker to hike with your pet off leash? Yes/No Initial _____
In the event of an injury, do you authorize the dog walker to take your dog to your vet at the owner's expense?
Yes/No Please sign here: _____
Is your dog possessive of toys? _____ Is your dog food aggressive? _____
Is your dog dominant/ submissive/ quirky? _____
Is your dog aggressive with other dogs? _____
Has your dog been aggressive with people? _____
Please Note: To ensure the safety of your pet and others, the dog's temperament must first be assessed by the dog walker before being accepted to the group walks.

Please read & sign: I have read the above questions and hereby state that the answers are true and correct. I also acknowledge that my dog is in good health without illness or injury upon acceptance to our dog walking program.

Owner Signature: _____ Date: _____

Emergency Contact _____ Phone number _____