



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 _____

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.

Emergency Contact-If we can't reach you while you're away, who will come pick up your dog.

Name _____ Contact _____

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: _____