

**RVA Wags**  
New Client Form

**Human Information**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Dog Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Male / Female    Age: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Vet Address: \_\_\_\_\_

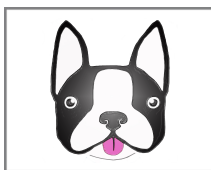
Vet Phone Number: \_\_\_\_\_

Does your dog have an illness, injury, or any physical limitations? Do they require medication? Oral / Injection

\_\_\_\_\_  
\_\_\_\_\_

Is your dog up to date on vaccines? Date of last vaccination:

\_\_\_\_\_



**RVA Wags**

What type of collar/harness does your pup use? \_\_\_\_\_

What times are your dog's first and last potty breaks? \_\_\_\_\_

Is your pup allowed on furniture? \_\_\_\_\_

Where does your dog sleep? \_\_\_\_\_

What are your dog's meal times? \_\_\_\_\_

Does your dog enjoy car rides? \_\_\_\_\_

Do I have permission to drive with your pet? \_\_\_\_\_

If so, does your dog require a seat or restraint? \_\_\_\_\_

Does your pup enjoy swimming? Y / N

Does your dog have experience swimming in a: POOL / LAKE / RIVER / OCEAN

**Some optional playtime adventures include field trips to a canine swimming facility (\*additional fee and registration required) and hikes in proximity to rivers and lakes. Please let us know if you allow your RVA Wags pro to participate in these activities with your pup and, if so, please note any concerns or information relevant to your dog's participation:**

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What other information would you like me to know about your pup?

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**RVA Wags**

***Please have your dog fill out the following:***

**My favorite toys and games are:** \_\_\_\_\_

\_\_\_\_\_

**I absolutely LOVE:** \_\_\_\_\_

\_\_\_\_\_

**I royally dislike:** \_\_\_\_\_

\_\_\_\_\_

**Do you enjoy playing with other dogs?** \_\_\_\_\_

**Should we avoid crossing paths with other dogs during our walks?** \_\_\_\_\_

**Do you enjoy chasing squirrels or other fast critters?** \_\_\_\_\_

**My favorite treats are:** \_\_\_\_\_

**My dream play date is:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I really want you to know:** \_\_\_\_\_

\_\_\_\_\_

**Human Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_