



Kelly's Paw Pals



Dog Walking Client Permission & Information Form

Client Information

Name: _____

Address: _____

Mobile: _____

Home: _____

Work: _____

Email: _____

Emergency Contact: _____

Dog Information

Name: _____

Date of Birth: _____

Breed: _____

Sex: _____

Neutered/Spayed: Yes/No

(Bitches on heat are lead walked at owner's risk)

Vaccinated: Yes/No

(If yes date of last vaccination _____)

Micro chipped: Yes/No

Insurance: Yes/No

Flea/Wormed: Yes/No

Relevant Medical History: _____

Service Details

Preferred Walk Time: _____

Walk Days: _____

Off Lead: Yes/No

Keys/ Alarm: _____

Extra Services

Food: _____

Water: _____

Drying: _____

Medication: _____

Other: _____

Vet Details

Name: _____

Practice: _____

Address: _____

Phone: _____

Further Information

Treats: _____

Travel: _____

Recall: _____

Muzzle: _____

Coat for cold/wet weather: _____

Commands: _____

Behavioural Issues: _____

Reactions to;

Other Dogs: _____

Smaller Dogs: _____

Larger Dogs: _____

Cats: _____

Strangers: _____

Children: _____

Sheep: _____

Horses: _____

Other: _____

Authorisation

I give Kelly's Paw Pals permission to walk my dog/s.

Print Name: _____

Signature: _____

Date: _____