



Paws N Pines Client Form

Client Information

Name of owner(s):

Address:

Phone number:

Email:

Emergency contact name & number:

Pet Information

Name of dog(s):

Breed of dog(s):

Age of dog(s):

Gender of dog(s):

Is/are your dog(s) spayed or neutered?

Are all your dog(s) vaccinations up to date?

Dog(s) license number:

Vet name, address & contact info:

Allergies/dietary restrictions:

Pre existing medical conditions:

Walking, Boarding, Pet Sitting Information

Do you consent to your dog(s) being off leash? If yes, please describe how their recall is:

How is your dog around humans (*eg. reactive with children/timid with males*)?

How is your dog around other dogs (eg. reactive/friendly/timid)?

Does your dog have any behavior problems (eg. aggression/separation anxiety/pulling/jumping)?

Do you consent to your dog(s) being off leash at the beach, if yes can your dog(s) swim?

Additional Information

Do you consent to pictures & videos of your dog(s) for our social media/website use?

Paws N Pines will be picking up and dropping off your dog on most occasions. Are there any special instructions you would like us to know? (Eg. Alarm code, buzzer number, feeding schedules?)

Any additional information you would like to know about Paws N Pines Dog Walking?

How did you hear about Paws N Pines?

Owner name please print

Owner Signature

Date