



**Dog Walking Booking Form**

**Owner Information**

Name: Mr/Mrs/Miss      First Name: ..... Surname: .....

Address: .....

Home Phone: ..... Work Phone: .....

Mobile Phone: ..... Email: .....

Emergency Contact Name: ..... Telephone: .....

**Visiting Information**

Start Date: ..... End Date: ..... Until Further Notice Y/N

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time of Visit							
Walk Duration							

**Pet Information**

Pet Name: ..... Breed: ..... Age: ..... Sex: M/F Chipped: Y/N

Pet Name: ..... Breed: ..... Age: ..... Sex: M/F Chipped: Y/N

Pet Name: ..... Breed: ..... Age: ..... Sex: M/F Chipped: Y/N

**Veterinary Information**

Name of Veterinary Surgeon: .....

Address of Practice: .....

Telephone Number: .....

**Additional Information**

Where does your dog live (e.g. inside/garden): .....

Are there any 'off limits' areas in the house: .....

Do you require feeding?: Y/N Quantity: ..... Time: .....

Does your pet wear an ID Tag?: Y/N

Location of lead/harness: .....

Is your dog up to date with vaccinations, worming & flea treatment?.....

Does your dog have any treats during or after walks?: .....

Does your pet have any known allergies to food / treats?.....

If so, please give details.....

How does your dog behave towards other dogs or  
strangers?.....

What commands / phrases do you use for your  
dog?.....

Does your dog have any particular fears, such as loud noises or  
traffic.....

Is there anything else you feel we should be made aware of regarding your dog's needs,  
preferences or  
behaviour?.....

.....  
.....

If any medication needs administering before or after the walk, please fill in the separate  
Medication Permission Form.