Leash on Life Pet Services
Dog Walking/Pet Sitting

DOG WALKING PROFILE

Dog's Name:_____ DOB: _____ Male/Female _____ Weight _____

Spayed/Neutered   Breed: _____   Markings:_____

Is your dog micro-chipped?   Yes   No   Chip #:_____

Is your dog licensed with the town? Yes   No   License number:_____

When you walk your dog, if he sees another dog does he:

____ Ignore the other dog   ____ Show some interest but keeps walking

____ Wag his tail in a playful manner and wants to play   ____ Growl/Sneer

____ Pull hard on the leash in an attempt to get to the other dog

When you walk your dog, if he sees a cat or other small animal, does he:

____ Ignore the animal   _____ Show some interest but keeps walking

____ Wag his tail in a playful manner and wants to play   ____ Growl/Sneer

____ Pull hard on the leash in an attempt to get to the other animal

Commands your dog knows: (Please circle)

Sit   Eyes   Down   Stay   Come   Heel   Let's Go   Off   Paw

Speak   Quiet   Lay Down   Roll Over   Fetch   Leave it

Other:

Do you wish for us to walk your dog off-leash? Yes   No   If yes, under what circumstances?

_____

Is there anything in particular we should be aware of when walking your dog (i.e., behavioral or health issues)? _____

_____

Where do you keep your dog walking items (leash, waste bags, etc.)? _____

_____

Where would you like your dog kept while alone at home (i.e., loose in home, crate, etc.)?

_____

Is your dog allowed on the furniture? _____

Is your dog stressed by: ____Thunder ____Firecrackers ____Men ____Other _____

Please describe your dog's disposition/temperament: _____

_____

Has your dog ever bitten another animal or person? ____No ____Yes (Please describe the

circumstances of each incident): _____

_____

How often is your dog currently exercised off your property (i.e., walk, dog park)? _____

_____

Please describe any undesirable behaviors your dog displays on walks (i.e., pulling, digging,

jumping, etc.

Client Signature: _____   Date: _____