



Date: _____

Dog Information Sheet

Please print out and sign

Client's Name _____ Dog's Name _____

Street Address _____ Postal Code _____

Home Phone _____ Daytime Phone _____

Cell/Pager _____ Email _____

What are your typical working hours during the day? _____ am/pm to _____ am/pm

Brief Description of Dog

Age _____ Colour _____ Breed _____

Sex _____ Birthday _____ Weight _____

Does your dog have any medical conditions? _____

If you have pet insurance, please provide information below:

Is your dog spayed/neutered? Yes No

Does your dog have up-to-date vaccinations? Yes No
(Please ensure that valid tags are included on dog's collar)

Veterinarian Information:

Vet's Name _____

Clinic Name _____ Phone _____

Does your dog regularly exhibit any of the following behaviours:

- | | | |
|--|-----|----|
| • Aggression toward other dogs | Yes | No |
| • Aggression toward people | Yes | No |
| • Fear of or aggression toward children | Yes | No |
| • Excessive leash pulling | Yes | No |
| • Chases cats, squirrels, etc. | Yes | No |
| • Attempts to dart through an opening door | Yes | No |

Has your dog completed any obedience training? If yes, what level: _____

Can your dog be let off leash in the designated park area? Yes No

*Refer to requirements for off-leash walk found at www.wagnwalk.com

Has your dog ever:

- | | | |
|-----------------------------|-----|----|
| • Attempted to run away? | Yes | No |
| • Pulled out of his collar? | Yes | No |
| • Run out of the park? | Yes | No |



Date: _____

Please circle each day of the week you want your dog to be walked:

Monday

Tuesday

Wednesday

Thursday

Friday

Start Date: _____

Other Notes:

Name and phone number of a friend/neighbour to contact in case you are unreachable in the event of an emergency:

Name _____

Number _____

Name _____

Number _____

Signing below acknowledges that Wag 'N' Walk personnel may enter your home for the purpose of picking up/returning your pet. Wag 'N' Walk shall assume no liability for any illness or injury caused to your pet or to other persons, pets or property. If your pet becomes injured or ill, Wag 'N' Walk is hereby authorized to take your pet to the nearest animal care facility and the owner of the pet shall pay such expense.

Client Signature _____

Date _____