

New Client Application Form

Client Name _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

In Case of Emergency Contact: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Dog's Information:

Dog's Name: _____ Breed: _____

M/F _____ Age: _____ Birthday: _____

Spayed/Neutered? Y/N _____ Colour _____

Veterinarian's Name: _____ Phone: _____

Health Problems (please explain) _____

Is your dog currently on any medications? If so, which ones? _____

Dog's Behaviour:

How does your dog react to other dogs? (generally) _____

How does your dog react to strangers? _____

Does your dog have any kinds of people that he/she automatically fears or dislikes?

New Client Application Form

Has your dog ever bitten someone? Y/N If yes, please explain.

Has your dog ever been in a fight or bitten another dog? Y/N If yes, please explain.

What items are best used to walk your dog? (Collar, leash, harness)

Should your dog be walked alone Y/N

Does your dog have any problems or issues getting along with other dogs? (please explain).

Please describe any temperament issues, such as shyness, fear, or aggression?

Does your dog lunge at dogs/people/cars on a walk?

Does your dog chew on the leash?

Is your dog allowed treats? Y/N

What is your dog like off-lead?

Please note that we only let dogs off-lead if we are in a securely fenced area and with owners permission. Dogs are typically walked on-lead at all times.

Is there anything else we should know about your dog?

OWNERS MUST PRESENT VACCINATION CARD FOR EACH DOG TO BE WALKED.

Vaccination Checked: Signature: _____

Vaccination next due date: _____

Vaccinations required: DHLPP (Distemper, Hepatitis, Leptospirosis, Para Influenza, Parvovirus) and Rabies (US only)