



Dog Walking Profile

Name of Client		Date
Address		
Phone Number		
Home:	Cell:	Other:
Email Address		
Name of Dog (please fill out one profile per dog)		
Male/Female:		
<input type="checkbox"/> Spayed Female <input type="checkbox"/> Un-spayed Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Un-neutered Male		
Breed/Markings		
DOB/Weight		
Updated on Vaccines? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of updated vaccine record.		
Does your dog have a Microchip? <input type="checkbox"/> No <input type="checkbox"/> Yes # _____		
Dates Needed:		
Dog Walk Days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.		
Amount of time you would like your dog visit/walked?		
30 minutes 45 Minutes 1 hour		
Walk Schedule/Time:		Location of Leash and Harness:
Morning: _____ Afternoon: _____ Evening: _____ Night: _____		Is your dog always on a leash? <input type="checkbox"/> Yes <input type="checkbox"/> No How does your dog behave on the leash E.g. pulling? Reacting to other animals/people?
Feeding Schedule:		Drinking Water:
Breakfast (time:_____) Lunch (time:_____) Dinner (time:_____) Food Portions: _____		<input type="checkbox"/> Bottle <input type="checkbox"/> Filtered <input type="checkbox"/> Faucet Location of bowls, food and treats?
		Is your dog allowed treats other than the ones you provide? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is dog crated? Yes No

If yes, will your dog be created when we come to your home? Yes No

Would you like the walker to put your dog back in the crate when we leave? Yes No

Is the Dog allowed on the furniture/rooms/locations? Yes No

Does your dog have any sensitive areas that he/she does not like to be touched?

Yes No

If answered "yes" to the above question please explain:

Is he/she aggressive? Or ever bitten?

Yes No

(describe circumstance of each incident)

Medical issues? Yes No

If answered "yes" to the above question please explain:

Medication/Supplement Instructions:

**Please describe any undesirable behaviors your dog displays in the home.
E.g. getting into trash, counter surfing etc.**

Any special names you have for your pet?

Favorite games or toys:

Is there anything else you would like us to know about your furry baby?

Please let us know who referred you so we can thank them!