



Happy Tails Dog Walking

Pet Info

Date _____

Pet Name _____ DOB _____ Breed _____

Owner's Name _____

Address _____

Phone(Cell) _____ (Other) _____

Email _____

Emergency Contact (name & phone#) _____

Veterinarian _____ Phone# _____

Sex Male Female Neutered Spayed

How long have you had your dog? _____

Has your dog been thru obedience training? No Yes

Can your dog be given treats? No Yes

Leash manners: walks calmly gentle pulling pulls constantly difficult to control

Does your dog use any special collars? (pinch collar/gentle leader/e-collar) No Yes

Does your dog have ID on collar? No Yes

Is your dog microchipped? No Yes # _____ Registry Name _____

Does your dog have a GPS unit? (Whistle/Paw Tracker/Gibi) No Yes

Is your dog up to date on all vaccines required by law? No Yes

Do you ever walk your dog off leash? No Yes If yes, where? _____

Does your dog chase squirrels? No Yes Ducks? No Yes Deer? No Yes

Describe your dog's reaction to other dogs _____

Describe your dog's reaction to strange people _____

Has your dog ever bitten, snapped or growled at a person? No Yes If yes explain below

Does your dog have any allergies? No

Yes _____

Does your dog have any chronic illnesses or injuries? No Yes _____

Is your dog taking any medications? ___No

___Yes_____