



Mick's Mutts Dog Walking Services Client and Contact Form

Please fill all applicable fields to the best of your knowledge

Client Contact Information

Client's Name	
Address	
Contact Number	
Email	
Emergency Contact Information	
Emergency Contact Name	
Do they have a key? Yes / No	
Relationship to Owner	
Contact Number	
Email Address	
Vet Information	
Vet Practice Name	
Vet Practice Address	
Phone Number	
Email Address	
Special instructions (e.g. preferred vet)	



Dog Information	
Dog's Name	
Sex	
Dog's Date of Birth	
Breed, colour and any distinguishing features	
Neutered / Spayed	
Fully Vaccinated (Y / N)	
Date of last vaccination	
Up to Date with Flea and Worming? (Y / N)	
Date of last treatment	
Treatments – Is your dog insured? (Y/N)	
If so, with which provider and what is the policy number?	
Is there a current tag on your dog's collar with your details? (Y/N)	
Comments	
Crate Trained? (Y/N)	
Does your dog suffer from travel sickness? (Y/N)	
Microchipped (Y / N)	
Microchip number	
Treats Allowed (Y / N)	



Allergies / Intolerances	
Additional Information	
Medical History	
Current Medical Conditions	
Is medication required to be administered? (Y / N)	
Please tell me about your dog's temperament/behavioural history	
Any limiting or impaired senses (e.g. blind or deaf)	
Will your dog need feeding? If so, what food, how much and when?	
Is your dog allowed off-lead?	
Has your dog ever shown signs of aggression towards a person or another dog? (growls, lunges, snaps, bites)	



Please provide details	
Any other behavioural concerns (guarding, noise phobias, traffic etc)	
Does your dog have good recall? Please provide details of relevant commands	
How does your dog respond to the following:	
Dogs	
Other animals (horses, livestock, cats, small animals)	
Strangers / People	
Comments	
Location of items	
Lead / Collar	
Towel	



Brushes	
Treats	
Toys	
Cleaning Supplies	
My Dog Loves	
My Dog Dislikes	
Any other equipment (e.g. muzzle)	

Dog's Walk Details	
Walk Days	
Duration (Hours)	
Group Walks or Solo walks	



Walk Requirements	
Payment weekly / monthly (in advance)	
Cash or Bank Transfer	

House Information	
Will a key be provided (Y / N)	
If no please give details how I will access your home	
Will anyone be at home? (Y/N)	
Will an alarm be on? (Y / N)	
Alarm code	
Restricted areas of the house? Please specify	
Which door will I be entering from?	
Client Consent	
Client Name	
Client Signature	
Date	



Dog Walker Name	
Dog Walker Signature	
Date	

Additional Useful Information

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