



PRIME TIME DOG WALKERS

Owner/Pet Information & Questionnaire

Client # _____

Owner's Info:

Last Name: _____ First Name: _____
Email: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____ City: _____ Zip: _____

Emergency Contacts:

Name 1: _____ Phone(s): _____
Name 2: _____ Phone(s): _____
Name 3: _____ Phone(s): _____

Dog's Info:

Name: _____ Date of Birth or Age: _____ Breed(s): _____
Description (color, characteristic markings, scars, etc.): _____

Weight: _____ Sex: _____ Spayed/Neutered yes no Pet license valid yes no
License No.: _____ Microchipped yes no Microchip No.: _____
Microchip Brand: _____ Tatoo: _____ Identification tags yes no

Veterinarian Info:

Clinic: _____ Phone: _____
Preferred doctor: _____
Address: _____ City: _____ Zip: _____

Health:

Does your dog have any allergies/illnesses/medical/health concerns we should know about? _____

Medications? _____

Is your dog current on all of the following vaccinations? (DHPP, Rabies, and Bordetella) yes no

Please attach a note from your vet verifying proof of current vaccinations.

Flea medication yes no

Activity Level:

1-Very Active

2-Pretty Active

3-Moderately Active

4-Senior/Disabled

Socialization:

1- Gets along with all dogs. yes no

2- Gets along with all people. yes no

3- Gets along with most dogs and people but sometimes has issues with _____

4- A puppy that needs work socializing with other dogs.

** Dog should still be non aggressive with people and comfortable with basic commands and leash walking.

Is there anything else we should know about your dog? _____

What commands does your dog know? (check all that apply)

sit stay come heel drop it/give leave it No

let's go Ride Out Good _____ other(s): _____

Is your dog comfortable on a leash? yes no

My dog enjoys these activities the most: (check all that apply)

walking running off-leash swimming tug o' war socializing w/ people

socializing with other dogs/butt sniffing retrieving ball, stick, Kong etc. playing Frisbee chase

belly rubbing other(s): _____

My dog's favorite toys are: (check all that apply)

Kong Frisbee rubber ball squeaky toy tennis balls rope soccer ball

other(s) _____

Is it ok to give your dog treats as a reward? PTDW use all organic treats. yes no

We sometimes will clean dog's fur with water after a dirty trip to the park. Dogs will be towelled dried. Is this ok? yes no

Pick up/Drop off/Walk Info:

Alarm Security Code: _____

Password: _____

Any special instructions?: _____

Will someone be home days? yes no

How did you hear about us? _____
