



## **Daily Dog Duties Information Sheet**

Date: \_\_\_\_\_

### **About You**

Client's Name: _____	Dog's Name: _____
Address: _____	Postal Code: _____
Home Phone: _____	Business Phone: _____
Cellphone/Pager: _____	E-mail Address: _____
Working hours during the day? _____ am/pm to _____ am/pm	

### **About Your Pooch**

Breed: _____	Sex: _____	Age: _____
Colour: _____	Birthday: _____	Weight: _____

### **Please Answer the following:**

Does your dog have any medical conditions? Yes / No  
If Yes \_\_\_\_\_

Does your dog have pet insurance? Yes / No  
If Yes \_\_\_\_\_

Is your dog spayed/neutered? Yes / No

Are your dog's vaccinations up to date? Yes / No

### **Pooch Personality:**

Aggression toward other dogs? Yes / No

Aggression toward people? Yes / No

Fear of, or aggression toward children? Yes / No

Excessive leash pulling? Yes / No

Chases cats, squirrels, etc.? Yes / No

Attempts to dart through an opening door? Yes / No

Has your dog completed any obedience training?

If yes, what level: \_\_\_\_\_

Can your dog to be let off leash in the designated park area? Yes / No

Does Your Dog come when they are called? Yes / No

Does your dog attempt to pull out of their collar? Yes / No

Vet's name, including clinic name & phone number: \_\_\_\_\_





Please circle each day of the week you want your dog to be walked:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Start date:

**Other Notes:**

Name and phone number of a friend/neighbour to contact in case you are unreachable in the event of an emergency:

Name: _____	
Home Phone: _____	Business Phone: _____
Cellphone/Pager: _____	E-mail Address: _____

Signing below acknowledges that Daily Dog Duties personnel may enter your home for the purpose of picking up/returning your pet. Daily Dog Duties shall assume no liability for any illness or injury caused to your pet or to other persons, pets or property. If your pet becomes injured or ill, Daily Dog Duties is hereby authorized to take your pet to the nearest animal care facility and such expense shall be paid by the owner of the pet.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

