



No Place Like Home Pet Care Dog Walking Interview/Intake Form



Billing rate: \$ 20/walk

Owner Name(s): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Best Emergency Contact #: _____

Address: _____

Directions: _____

Referred by: _____

Dog Information:

1) Name: _____ **Breed:** _____ **Age:** _____

☐ **On-leash only?**

2) Name: _____ **Breed:** _____ **Age:** _____

☐ **On-leash only?**

3) Name: _____ **Breed:** _____ **Age:** _____

☐ **On-leash only?**

☐ **Leash/collar location:** _____

☐ **Treat location:** _____

Veterinarian Information:

Vet Name: _____

Phone: _____

Vet Address: _____

☐ **Vet Release Form signed**

Dog Walk Days:

☐ **Mon.** ☐ **Tues.** ☐ **Wed.** ☐ **Thurs.** ☐ **Fri.** ☐ **Sat.** ☐ **Sun.**

3-Hour window of time in which to arrive:

_____ to _____.



☐ Dog(s) are aggressive with other dogs. Be careful!

List “dog-aggressive” dog names here:



Warning: This Dog is Dog-Aggressive: _____

Warning: This Dog is Dog-Aggressive: _____

Warning: This Dog is Dog-Aggressive: _____



☐ Dog(s) are aggressive with people. Be careful!

List “people-aggressive” dog names here:



Warning: This Dog is People-Aggressive: _____

Warning: This Dog is People-Aggressive: _____

Warning: This Dog is People-Aggressive: _____



Key:

☐ Have walker hold for future use ☐ Have walker leave at client home

☐ Mail to client ☐ Drop to client after walk is complete

☐ Neighbor has key / Describe: _____

☐ KEY AGREEMENT SIGNED



☐ Dog Walking Contract Agreement Signed

