

Client Intake Form

Healthy Pup Walk & Wag – Client Intake Form

Owner Information

- Full Name:
- Address:
- Phone Number:
- Email:

Dog Information

- Dog's Name:
- Breed:
- Age:
- Weight:
- Gender:
- Spayed/Neutered? (Yes / No)
- Microchipped? (Yes / No)
- Up-to-date on vaccinations? (Yes / No)

Temperament & Behavior

- How does your dog behave on leash?
- Does your dog get along with other dogs?
- Any fear triggers (bikes, kids, loud noises)?
- Any history of biting or aggression?
- Any food or toy guarding tendencies?

Health Info

- Allergies or medical conditions:
- Current medications:
- Veterinarian & contact (optional):

Walking Preferences

- Preferred walk length: (30 min / 60 min)
- Favorite walk route or park:
- Okay with car transport if needed? (Yes / No)
- Should your dog be fed after walks? (Yes / No)

Emergency Contact (other than you)

- Name:
- Phone Number:

How did you hear about us?

- ☐ Flyer
- ☐ Social Media
- ☐ Referral
- ☐ Other: _____