

REAL DOGS

1705 28th St SW

Calgary Ab,

T3C 1M1

403-993-4578

REAL DOGS DOG WALKING REGISTRATION FORM

Client Information

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: (_____) _____ - _____ Emergency Contact & number: (_____) _____ - _____

Alternate Person Who May Pick Up Dog(s): _____

Pet Information

Name: _____

DOB YY/MM/DD _____

Breed: _____

Primary Colours: _____

Other Colour(s): _____

Weight (lbs): _____

Male/Female

Spayed/Neutered

License # _____

Microchip _____

ip/Tattoo #: _____

Pet Insurance _____

Pet Health

Please attach photocopy of immunization record

Core

Bordatella (Kennel Cough)

Rabies

Heartworm prevention:

Has had flea/tick/lice prevention

Vet Clinic Name: _____

Phone: (_____) _____ - _____

Medical Conditions: _____

Allergies: _____

Physical Limitations (sore back, hip dysplasia, etc):

How long have you owned this dog? _____ Years/Months

How does your dog react to new dogs?

Pet behavioral challenges (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Biting or growling at people? | <input type="checkbox"/> Jumping over fences |
| <input type="checkbox"/> Aggressive with dogs? | <input type="checkbox"/> Chasing small animal/skateboards/bikes |
| <input type="checkbox"/> Aggressive/fearful of children? | <input type="checkbox"/> Excessive pulling on leash |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Pulling out of leash |
| | <input type="checkbox"/> Escaping out of open door/car |

Does he/she come when you call his/her name?

I have read and understand the liability waiver and release form

Client Signature: _____ **Date MM/DD/YYYY:** _____