

### CLIENTS INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Office / Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact : Name \_\_\_\_\_ Phone: \_\_\_\_\_

### DOG'S INFORMATION

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Color: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\*must also have a hard copy of vaccination records from your vet for our records!  
Rabies: \_\_\_\_\_ Distemper: \_\_\_\_\_ Bordetella: \_\_\_\_\_  
Fecal Test: \_\_\_\_\_ Heartworm Preventative: \_\_\_\_\_  
Flea/Tick: \_\_\_\_\_ Health Problems (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is your dog currently on any medications? If so, which ones?:  
\_\_\_\_\_

### DOG'S BEHAVIOR

Is your dog aggressive? Yes: \_\_\_\_ No: \_\_\_\_  
With food? Yes: \_\_\_\_ No: \_\_\_\_  
With toy? Yes: \_\_\_\_ No: \_\_\_\_  
With large dogs? Yes: \_\_\_\_ No: \_\_\_\_  
With small dogs? Yes: \_\_\_\_ No: \_\_\_\_  
With small people? Yes: \_\_\_\_ No: \_\_\_\_  
Has your dog been socialized? (please explain):  
\_\_\_\_\_  
\_\_\_\_\_

Please note any of your dog's habit that we should know about:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_  
\_\_\_\_\_

### CLIENTS AGREEMENT FORM

I understand that I am responsible for any and all services rendered at Stella & Stanley Dog Walking LLC

If collection proceedings are necessary, I will be responsible for any and all attorney fees incurred.

A handling fee of \*\$25 will be applied to any returned checks.

I will not hold Stella and Stanley Dog Walking LLC responsible for any damage incurred by participating dog walking care program.

It is my responsibility to make sure that my dog is properly vaccinated. I also understand that even though all dogs are properly vaccinated in my dog walk program, a medical situation could arise due to the communal group of dogs. I am responsible for all and any medical costs.

I understand that even though all pets are closely monitored, there is risk involved including scrapes and cuts, which are commonplace due to the nature of dog walking. More serious injuries cannot be predicted. I give permission for Stella & Stanley Dog Walking LLC employees or veterinarian to administer treatment to my dog. I understand that an employee from Stella and Stanley Dog Walking LLC will do his or her best to contact me first before treatment.

I understand the hours of operation and understand that additional fees are applied for after hours and weekend walks.

24 hour cancellation notice required or a fee will be incurred.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date