Lakeview Acres

Come, Sit, Stay!

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NEW CLIENT INFORMATION

First Name:	Last Name:			
Address:				
City:		Zip:		
Home Phone:	Cell Phone:			
Email:				
Alternate Contact Name:				
Pet Information				
Pet's Name: Sex: _	Spayed / Neut	ered? Weight:		
Age: Birth Date: _	ate: Breed(s):			
Temperament:	Any Allergies?			
List Any Medical Issues:				
How does your dog walk on a leash? Well Behaved / Puller / Runner / Unsure / Other				
If other, please explain:				
Does your dog show signs of Dog Aggression while walking?		Yes / No / Unsure		
Does your dog show signs of People Aggression while walking?		Yes / No / Unsure		

What types of methods are used when walking? Regular Collar / Choke Chain / Harness / Other

If other, please explain:		
Do you use commands?	Yes / No	
If yes, please list:		
Is your dog microchipped?	Yes / No / Unsure	
Does your dog have an upda	ated dog tag? (Required for walking sessions)	Yes / No
Has your dog ever bitten or	attacked another person or dog?	Yes / No / Unsure
If yes, please explain:		
Do you have additional dogs you would like walked together?		Yes / No
	Walking Services	
Desired service:	Single / Weekly	
Desired day/date(s) of week		
Service duration:	330 minutes / 60 minutes	
Desired service start date: _		
Time preferred:		
Preferred payment method:	Cash / Card	
We provide FREE treats to d	og(s) after walks. Do you allow treats?	Yes / No
	permission to take photos of your pet for use	
Facebook, or other Social M	edia?	Yes / No