



Triangle Pet Care

Client Information For Dog Walking

Customer's Name: _____

Address: _____

Alarm code to enter: _____ Alarm code to exit: _____ Alarm password: _____

Phone Number: (H): _____ (W): _____ (C): _____

Dog's Name: _____

Age: _____ Breed _____

Dog's Name: _____

Age: _____ Breed _____

Emergency Contact Person and Phone Number:

Does anyone else have a key to your home? If yes, who? (include phone number)

Do I have permission to take your dog(s) to the Veterinarian if needed? Yes (Vet. Info Form) No

Special Instructions for Walking (route, other activities, rainy weather plan) : _____

Does your pet have any behavior or aggression problems? Do they get along with other pets?

Days of Visit(s): _____ Time(s): _____

Length of Visits: 10-15 Minute Potty Break (\$10) 30 Minute Walk (\$16) 1 Hour Walk (\$30)

Payment Schedule: Per Visit Per Week

Pet Owner's Signature

Date

Dog Walker's Signature

Date