



## gentle guide canine services

dog walking ~ in-home boarding ~ cat visits

insured ~ reliable ~ pet first aid & CPR certified

contact Alison @ 647.298-3005

E: [gentle.guide@hotmail.com](mailto:gentle.guide@hotmail.com)

### CLIENT INFORMATION FORM

Client Name:.....

Address:.....

Home Phone Number:.....

Work Phone Number:.....

Cell Phone Number:.....

Emergency Contact:.....

E-mail:.....

Dog's Name:

Age:

Breed:

Color/Markings:

Sex: M or F \_\_\_\_\_ Neutered / Spayed \_\_\_\_\_

Rabies tag #:

License #:

#### **Feeding (where applicable):**

What kind of food/s does your dog eat?

When does your dog eat?

Special feeding instructions:

#### **Medication:**

Is your dog on any medications that must be administered? If yes, please describe the medication procedures including name, dosage and where it is kept.

#### **Flea/Tick Medication:**

Is your dog currently on prescribed medication to control fleas/ticks?

\* **REQUIRED\***



## **gentle guide canine services**

dog walking ~ in-home boarding ~ cat visits

**insured ~ reliable ~ pet first aid & CPR certified**

**contact Alison @ 647.298-3005**

**E: [gentle.guide@hotmail.com](mailto:gentle.guide@hotmail.com)**

Where do you keep your collar and leash?

Does your dog need a special harness for walks?

Do you prefer on or off-leash walks for your pet?

### **Characteristics:**

Please answer the following questions about your dog. It will help us to provide better care for him/her:

#### **Your Dog ~**

Is friendly with other dogs: **YES / NO**

Likes children: **YES / NO**

Is allowed to have treats: **YES / NO**

Obeys basic commands: **YES / NO**

Has bitten people or other dogs: **YES / NO**

Has shown other problem behaviour: **YES / NO**

(If yes, please describe – e.g. "chases joggers"):

Is fearful of noises or other things: **YES / NO**

Is afraid of thunder/dislikes inclement weather: **YES / NO**

Other:



## gentle guide canine services

dog walking ~ in-home boarding ~ cat visits

**insured ~ reliable ~ pet first aid & CPR certified**

**contact Alison @ 647.298-3005**

**E: [gentle.guide@hotmail.com](mailto:gentle.guide@hotmail.com)**

Please add anything else about your dog's habits or behaviour that would be useful to us in providing proper care:

---

---

---

If you have a home security system, please fill in the following:

Alarm deactivation Code:

Alarm activation Code: \_\_\_\_\_

Alarm company Name: \_\_\_\_\_

Alarm company Phone: \_\_\_\_\_

Thank you!!!

By signing below, you acknowledge that **gentle guide canine services** personnel may enter your home for the purpose of picking up/returning your pet and transporting your pet by car. You also agree to, and understand, the following:

1. To pay all invoices in full, for services rendered, within seven days of receipt.
2. To give 24 hours notice in the event of cancellation.
3. That your pet has a valid license with Toronto Animal Services. If your pet license is invalid, you agree to reimburse "**gentle guide**" the cost of all fines incurred.
4. To be solely financially responsible for any property damage or personal injury caused by my pet(s) while under the care of "**gentle guide**".

Signature: \_\_\_\_\_

Date: \_\_\_\_\_