

**Client Information Sheet**  
Dog Walking Service



Dog(s) Name \_\_\_\_\_ Client Name \_\_\_\_\_  
Physical Street Address \_\_\_\_\_  
Emergency Contact Number \_\_\_\_\_ Contact Name \_\_\_\_\_

How do we enter your home?  Front door  Back Door  Side Door  Garage  
 Basement  Main Condo Entrance  Other \_\_\_\_\_

Is there a specific location which we must retrieve and secure your pet? \_\_\_\_\_

Are we required to remove our shoes upon entry of your home?  Yes  No

Where is your dog's water bowl kept? \_\_\_\_\_

Is there anything special we should do when providing water for your dog?  
\_\_\_\_\_

Will there be any other person(s) in the home when we enter?  Yes  No

Is there any other special instruction we should be informed of to properly walk and care for your pet?  
\_\_\_\_\_  
\_\_\_\_\_

Which days of the week and approximately what times would like your dog walked?  
(Walks are offered 10 AM to 4 PM)

DAY OF THE WEEK	CHECK ALL THAT APPLY	APPROXIMATE TIME OF WALK
MONDAY	<input type="checkbox"/>	_____
TUESDAY	<input type="checkbox"/>	_____
WEDNESDAY	<input type="checkbox"/>	_____
THURSDAY	<input type="checkbox"/>	_____
FRIDAY	<input type="checkbox"/>	_____

How many locked or secured entries do we need to go through to reach your pet?  
(Ex. Front Door – use key provided or Condo Lobby Entrance – use access code)

	TYPE OF SECURED ENTRY	METHOD TO OPEN / ENTER	NOTES
1			
2			
3			
4			
5			

