



Dog Walking Information Form

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Client Information:

Name: _____ Dogs name: _____
 Address: _____ City: _____ State: _____
 Phone: _____ Email Address: _____
 Emergency Contact: _____ Emergency #: _____

Dog walking times-Please give us at least 2-hour time window. (9am-11qm, 12pm-2pm, ect.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
T I M E							

Security System:

Company Name: _____ Code: _____
 Phone Number: _____ Password: _____
 Arming Instructions: _____ Disarming Instructions: _____
 Door Entering (must be near alarm): _____

Property Description:

Securely Fenced: Yes No Gate Properly Working: Yes No
 Invisible Fence: Yes No Pet Door: Yes No
 Describe any problems with the fence (ie. gate not easily latched, digs under fence, etc): _____

How will the walker enter home or yard? _____
 Parking Instructions (if needed): _____
 Location of leash, poop bags, treats: _____
 Where should we dump poop bags after walk? _____
 Will you have any one else on your property (relatives, friends, house cleaner, etc.): _____

I release my house keys to Bark and Stoll to retain on file, in a secure location for future services. I may revoke this release at any time, at which time keys will be returned. **Initial:** _____
 I will cancel a walk 12 hours ahead before scheduled walk. **Initial:** _____