



Dog Information Form

Vanessa Kelly
617-678-4612

www.BarkandStroll.com
vanessakelly1021@barkandstroll.com

**Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Dog's Name: _____ DOB: _____

Male / Female _____ Spayed / Neutered _____ Your dog's approximate weight: _____

Microchipped: Yes No Chip Number: _____

Leash/Collar/Description/Location: _____

Breed: _____ Colors/Markings: _____ Vaccines up to Date: Yes No

Caged / Run of house / Outdoors / Limited to: _____

Treats: Yes No Preference: off leash on leash Does your dog come when called: Yes No

What commands does your dog know? _____

How does your dog react to other dogs and people when you are walking? _____

Does your dog walk calmly or pull when walking? _____

Favorite Toys/Games: _____

Weather restrictions: _____

Does your dog have any allergies? _____

Anything else we should know: _____

I, _____, have entered the above information as truthfully & accurately as possible.

Client Signature Date

**This form will be kept on file for all future visits.
If anything changes, you will remark so on the vacation/trip log at each visit booking.*