



Dog Walking & Pet Care

DATE:	
DAYS:	

(to be filled out by Furball Fitness)

APPLICATION

Pet's Name: _____ Birthdate: _____ MALE/FEMALE SPAYED/NEUTERED

Owner's Name: _____ Phone: _____

Email: _____

Address: _____

Emergency Contact [name/phone]: _____

Pet(s)/Breed: _____ Color/Markings: _____

Leash/Collar/Descriptions/Location: _____

Feeding Time: _____ Treats: _____

Feeding Instructions: _____

Walk Pointers/Special Instructions: _____

Precautions [other dogs, people, scared of, allergies]: _____

Weather Restrictions: _____

Veterinarian: _____

Vet Phone: _____

Maximum Vet Coverage: _____

Anything else we should know?: _____

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

I give permission to Furball Fitness to use photos of my pet(s) on their Facebook page, promotions, website and other marketing materials. YES NO

Signature of Owner: _____ Date: _____

Printed Name: _____

*This form will be kept on file for all future visits.