

SHAPE UP YOUR PUP

Dog Hiking & Training Services



Reservation Form:

Hiking:

Weekly / Occasional / Sibling / Occasional Sibling / Private / Private Sibling

Day(s) Requested:

Monday Tuesday Wednesday Thursday Friday

Key information:

Doorman has a set _____

I will give you two sets _____

Other _____

Requested Start Date: _____

Your Information

Name(s): _____ Partner's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____ Partner's Work Phone: _____

Cell Phone: _____ Partner's Cell Phone: _____

Email: _____ Second Email: _____

Emergency Contact: Please circle yes or no if they have a copy of your house key. Emergency contact should be able to make a decision about the care of your pet(s) or home if we cannot reach you in the case of an emergency.

Y / N

Name:_____ Relation:_____ Phone:_____

Veterinary Information:

Name Of Hospital:_____

Veterinarian's Name:_____

Veterinarian's Phone Number:_____

Address:_____

Phone #:_____

Dog Profile:

Name:_____

Age:_____

DOB:_____

Weight:_____

Breed:_____

M/F:_____

City License #:_____

Microchipped: Y / N

Spay/Neutered: Y / N

Colors:_____

Where Did You Get Your Dog From?_____

Distinguishing Features:_____

Favorite Toy's/Games:_____

Food Allergies/Restricted Foods:_____

Any Other Allergies? (e.g Insects/Environmental/Medications?):

How Would You Describe Your
Dog:_____

Medical Conditions (Past or
Present):_____

Medications (Name, Dosage, Frequency): _____

Has your dog ever shown signs of aggression towards a person or other animals/dogs (growls, hackles, lunges, air snaps, bite)?

Any Behavioral Concerns Or Issues (Phobias, Guarding Behaviors, Separation Anxiety, Etc.)?

Any Restricted Exercises By Your Veterinarian?

Please Describe Your Dog's Current Fitness Routine & Diet:

How well does your dog respond to his/her name?
Does your dog have experience being off-leash? If so, where and how often?

How does your dog handle car drives?

Is there any area you feel your dog may need additional training?

How did you hear about us?!

Locate The Following Items For Us:

Leash: _____

Collar/Harness: _____

Crate/Enclosed Area: _____

Treats:_____

Cleaning Supplies:_____

The Following Are True About My Dog (Please Check Off, Or Indicate If Otherwise):

- I, the undersigned, am the dogs primary owner**
- My dog is up to date on standard shots, and rabies, leptospirosis & lyme vaccines**
- My dog is treated with a monthly flea/tick medication & a monthly heartworm preventive**
- My dog is in good health and meets our basic requirements**
- My dog is friendly toward children & adults**
- My dog is friendly toward other dogs and other animals**
- My dog has never bitten a person or another dog**

Signature:_____

Date:_____