



WALK HIKE PLAY

KIRKLAND DOG WALKING

Dog Information Sheet

Dog Name: _____ Male / Female Spayed / Neutered

Microchipped: Yes No

Breed: _____ Age: _____

Color/Markings: _____

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

Disposition: _____

Feeding Times: _____ Allergies: _____

Food & Bowl Locations: _____

Feeding Instructions:

Location of leash & type of leash:

Walk Pointers (route, other dogs, people, cars, bikes, squirrels):

Training (Has the dog had any formal training? What philosophy/type?)

Anything else you would like me to know? _____