

Adventure HikeClient Information Form

Owner's Inform	nation					
Owner's Full Names						
Street Address						
			D . 10 1			
City	Province	Postal Code				
Home Phone No.	Cell Phone No.	Other Phone No.				
Email Address						
		I would like to receive offers and updates via email				
Where did you hear about us?		If referral or oth	er, please specify:			
Emergency Cor	ıtacts					
	Full Name	Relationship	Phone No.			
Contact 1		-				
	Full Name	Relationship	Phone No.	/		
Contact 2		333	30	5: //		
				/		
Dog Informatio			o20, M)	42		
Dog Information	on					
About Your Dog	Breed	1000	Weight In Pounds			
Name of Dog	breed	63	weight in Pounds			
(P	4: 4:		32			
Age	Birth Year		Spayed/Neutered?			
1 88						
Veterinary & Prevent	ative Care					
Are shots up-to-date?	ots up-to-date? On heartworm p		On flea & tick prevention?	?		
8						
Can your dog be in a gro	up where these is a dog wh	ose shots/preven	tative care are not			
current/maintained?	1	F-1,02				



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What is your dog's personality? Is it playful, timid, assertive, dislikes a breed, etc.

Energy, Reactivity, and Car R What is your dog's energy level lik Comments:		
Is your day reactive to other days	on poonle when welking on leach?	
Is your dog reactive to other dogs If yes, please describe: Poactivity dogs	or people when walking on leash: not mean exclusion – this information helps me d	decided the best group to put your dog with
if yes, pieuse describe. Reactivity tibes	not mean exclusion – uns mormación neips me c	ectaed the best group to put your dog with.
How is your dog in a vehicle?		
Preferences or comments:		
Can your dog be in a group where	a dog is not spayed/neutered?	
Other Information/Comment Please use the space below to prov	ts vide us with any other information v	ve should know about your dog.
Value Carlo II	· C	*/
	nformation & Pet Insu	trance
Veterinary Information Veterinary Clinic		Phone Number:
68	43	Those realists:
	45 45	6
Street Address		Name of Vet
(4)		
City	Province	Postal Code
182		
Pet Insurance Do you have pet insurance?	If yes, who is your provider?	



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About the Hike						
How many days a week/month would you lik services?	e to acc	ess oui	•			
What day(s) of the week would you prefer?	M	T	W	R	F	
Do you have a preference of morning or after	noon?					
Is your dog capable of walking 5 km?						
Does your dog like to swim?						

It is important to note that the appropriate collar/harness and leash is provided by the owner. If your dog has a special requirement such as boots, jacket, goggles, we are happy to put them. Please ensure they are with the leash for each walk.

Once completed, please save and email this form to tailsontrailsguelph@outlook.com and we will be in touch to schedule a consultation and booking.

