

## **Booking Form – Walking**

Surname:						
Postcode:						
eMail:						
Surname:						
eMail:						
Surname:						
eMail:						
urs Fri Sat Sun						
-cle/tick answers						
DoB:						
when you got him/her?						
Spayed/Castrated: YES NO						
SMALL MED LARGE						
on: Specific Markings (if any)						
nd?						
YES NO						
any nger? YES NO						

Exercise:						
Describe your dog's level of obedience a responds to:	nd any co	ommand v	words tha	at your	dog	
						_
Does your dog have a Sit?	YES	NO	1			
Does your dog have a Wait/Stay?	YES	NO				
Does your dog have a Recall?	YES	NO				
	1123					
Where does your dog usually sleep?						
Is your dog crate trained?		YES	NO			
Does your dog pull on a lead when out fo	r walks?	YES	NO			
Do you grant permission for Robbie's Dogoff-lead?	g Walking	to exerc	ise your	dog	YES	NO
Please give details of any other information	on that wo	ould be re	elevant o	r usefu	ıl:	
I am happy for Robbie's Dog Walking to ta	ke video :	and photo	os of my	dog ar	nd post	to
the official Robbie's Dog Walking page on Social Platforms.		TOTAL CONTRACTOR OF THE PARTY O		YES	NC	
I confirm the information in this form is co	rrect to th	e best of	my knov	vledge		
Signed:	ĺ					

Dogs are individuals, and each booking is treated individually at the discretion of Robbie's Dog Walking.

We want your dog to have the best possible experience when out with us. The purpose of this form is to obtain as much information about your dog so that appropriate exercise arrangements can be managed in a suitable environment.

Thank you,



Date:

