I'M JUST THE DOG WALKER

NEW CLIENT & PET INTAKE PACKET

Happy Dogs. Peace of Mind.
Experienced care • Fear Free–informed handling • Positive reinforcement

Welcome! This packet helps us get to know you and your pet, plan safe and comfortable care, and clarify expectations. Complete the client section and one pet profile for each pet. Write N/A if a question does not apply.

Please do not enter alarm codes, lockbox codes, or other sensitive access credentials here. Share access instructions separately using an agreed secure method.

1. CLIENT & HOUSEHOLD INFORMATION

Client / guardian full name _____

Preferred name _____

Phone _____

Email _____

Home address _____

Service address (if different) _____

Preferred contact: ■ Text ■ Call ■ Email **Best time to contact:** _____

Household members / relevant notes _____

How did you hear about us? _____

2. EMERGENCY CONTACTS & VETERINARY INFORMATION

Emergency contact name + relationship _____

Emergency contact phone _____

Backup contact name + relationship _____

Backup contact phone _____

Primary veterinarian / clinic _____

Clinic phone _____

Preferred emergency hospital _____

Hospital phone _____

I authorize the provider to contact my listed emergency contact and veterinary clinic as appropriate in an urgent situation. Emergency treatment, transport, and spending limits should be documented separately in a service agreement.

3. SERVICES REQUESTED

- ■ Dog walking
- ■ Training & puppy foundations
- ■ Senior companion visits
- ■ Nail trims
- ■ In-home pet sitting / drop-in visits
- ■ Adventure walks / trail outings
- ■ Bathing
- ■ Basic external ear cleaning

Requested start date / preferred schedule _____

Days and time windows _____

Goals, priorities, or special requests

_____

_____

4. PET PROFILE — COMPLETE ONE COPY PER PET

Pet number: _____ of _____. Duplicate this page for each pet in your household.

Pet's name / nickname _____

Species / breed or best description _____

Age / approximate date of birth _____

Sex / spay-neuter status (if applicable) _____

Approximate weight / size _____

Microchip or ID tag notes (optional) _____

DAILY ROUTINE

Meal schedule, food, portions, and restrictions

_____

Bathroom / litter / toileting routine _____

Sleep routine and resting places _____

Favorite toys, activities, treats, and rewards _____

HEALTH, COMFORT & HANDLING

Relevant conditions, allergies, medications, mobility limits (include instructions)

_____

_____

Dietary restrictions / prohibited foods _____

- ■ Comfortable with collar / harness
- ■ Sensitive to paws / feet
- ■ May guard food / toys / spaces
- ■ May try to escape
- ■ May pull on leash
- ■ Sensitive to ears / face
- ■ Needs slow introductions
- ■ Needs mobility assistance

Fears, triggers, stress signals, and ways to help your pet feel safe

_____

_____

Known bite, snap, scratch, escape, or animal-conflict history and context

_____

_____

SOCIAL & ENVIRONMENTAL NOTES

- ■ People
- ■ Dogs
- ■ Wildlife
- ■ Cars / traffic
- ■ Children
- ■ Cats
- ■ Bikes / scooters
- ■ Crowds / unfamiliar places

Responses to unfamiliar people, animals, noises, or places

_____

_____

5. HOME ACCESS & SAFETY PLAN

Parking / arrival instructions _____

Entry method (share codes separately) _____

Where leash, harness, food, and supplies are kept

_____

Gates, doors, yard boundaries, or escape risks

_____

Restricted rooms / household rules _____

Other animals in home and management instructions

_____

Emergency exit / evacuation instructions _____

Backup access arrangement _____

HOME & VISIT SAFETY CHECKS

- ■ Doors and gates secured
- ■ Leash / harness fit and use explained
- ■ Hazards and restricted areas explained
- ■ Pet ID information current
- ■ Food / medication instructions provided if applicable
- ■ Emergency contacts confirmed

Additional home, neighborhood, or access notes

_____

_____

6. SERVICE-SPECIFIC QUESTIONS

DOG WALKING & ADVENTURES

- ■ Comfortable near traffic
- ■ Recall or cues discussed
- ■ Wildlife / livestock concerns
- ■ Reactive / fearful on leash
- ■ Trail / long-walk experience
- ■ Heat, stamina, or terrain limitations

Preferred walk length / route / equipment _____

TRAINING & PUPPY FOUNDATIONS

Skills or behaviors to work on _____

Known cues / prior training history _____

Rewards that work well / rewards to avoid _____

Training methods or concerns to discuss _____

IN-HOME PET SITTING

Visit / overnight schedule and feeding details

_____

Medication instructions, if applicable (confirm separately)

_____

Agreed household tasks, if any _____

SENIOR COMPANION VISITS

Mobility / assistance / comfort needs _____

Hearing, vision, routine, or stamina changes _____

Signs of fatigue or distress and preferred response

_____

7. BATHING, NAIL TRIMS & BASIC EXTERNAL EAR CLEANING

Complete if requesting grooming-related services. These are routine external-care services, not veterinary diagnosis or treatment.

Coat type / length / shedding level _____

Usual grooming routine / products _____

Previous bathing / nail-trim / ear-care experiences

_____

Sensitivity to water, dryer, paws, feet, ears, or face

_____

Skin irritation, ear discomfort, matting, or concerns to flag

_____

- ■ Tolerates bath
- ■ Tolerates dryer
- ■ Tolerates nail grinding
- ■ Tolerates towel drying
- ■ Tolerates nail clipping
- ■ Tolerates external ear wiping

Handling strategies that help / areas to avoid / stop signals

_____

Care may be paused or stopped if the pet is distressed, unsafe to handle, or has a concern needing veterinary assessment. Matted coats, skin problems, and ear symptoms may require referral.

8. CLIENT ACKNOWLEDGMENTS

Initial each item after reading. These acknowledgments do not replace a separate service agreement.

Initials: _____ I confirm the information is accurate to the best of my knowledge and will share relevant updates.

Initials: _____ I have disclosed known safety, behavior, health, and handling concerns relevant to the service.

Initials: _____ I understand services may be paused, modified, or stopped when needed to protect the pet, people, or provider.

Initials: _____ I understand training outcomes vary and specific behavior outcomes cannot be guaranteed.

Initials: _____ I have received or will review scheduling, cancellation, payment, access, and emergency policies.

Initials: _____ Medication and emergency veterinary arrangements must be clearly confirmed and may require separate written authorization.

9. OPTIONAL PHOTO / VIDEO CONSENT — SEPARATE CHOICE

Your service does not depend on agreeing to photo or video use.

■ YES — I permit photos/videos of my pet, excluding private home details and identifying information, to be used on the provider's website or social media for business promotion.

■ NO — I do not permit public or promotional use of photos/videos of my pet.

Client / guardian name _____

Signature _____

Date _____

10. FINAL NOTES & SIGN-OFF

Anything else you would like us to know?

_____

_____

_____

Client / guardian signature _____

Date _____

Provider follow-up / meet-and-greet notes (provider use)

_____

Agreed services / next steps (provider use)

Thank you for trusting I'm Just the Dog Walker with your pet. We'll confirm service details, availability, pricing, and any service-specific requirements before care begins.

Before distributing: add your preferred business phone and email to this packet.