

Wedding Dog Services Dog Information Form



CLIENT

Client Name: _____

Email: _____ Address: _____

Cell #: _____ Alternate #: _____

Dog's Name: _____ Age: _____

Breed: _____ M / F _____ S / N _____

Health concerns: _____

Is your dog: Up to date on vaccinations including Bordetella? Yes No

Behaviour concerns: _____

Has your dog ever been aggressive with other dogs? Yes No

Has your dog ever been aggressive with people? Yes No

RATE your dog's energy level "1" being mellow "10" hyper out of control

1 2 3 4 5 6 7 8 9 10

Wedding Date: _____ Venue: _____

Time of Ceremony: _____ Ceremony Location: _____

Time of Photos: _____ Photo Location: _____

Wedding Coordinator: _____ Photographer: _____

Details of any provided wedding attire or accessories: _____

Will you require dog sitting services during the reception? Yes No

Will your dog be staying with us overnight? Yes No

Dog Arrival Date: _____ Dog Departure Date: _____

Arrival Time: _____ Departure Time: _____

WEDDING INFO

I have read the above and hereby state that the answers are true and correct.

Owner Signature: _____ Date: _____