



Walking With Schlemm Client Information Sheet

Name: _____ Age: _____

Breed: _____ Size: Small Medium Large

Allergies: _____ None

Owner(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Veterinarian: _____

Services:

Walks

Exercise

Food

Water

Medications

Brushing

Other _____

Schedule: M T W Th F Other: _____

Fees: _____ Codes: _____

Photo Release: _____ Date: _____

Extras: _____

Signature: _____