



Wags N' Walks
PAWS
ATLANTA

Please email completed application to: wagsnwalks@pawsatlanta.org

Date

Name (Last, first)

Cell Phone Number

Street address, City, ST, ZIP Code

Email Address

Emergency Contact Name | Relationship

Emergency Contact Number

I am at least 21 years of age:

Yes

No

WALK INFORMATION

How many people will be joining you on your walk:

Adults: _____ Children: _____ Children's Ages: _____

Are there any breeds of dogs you would prefer to walk:

Yes

No

Are there any breeds of dogs you would prefer **NOT** to walk:

Yes

No

PET INFORMATION

Do you currently have pets:

Yes

No

How many dogs: _____

Are all your pets spayed/neutered:

Yes

No

Up to date on vaccines:

Yes

No

Is your current pet on flea & tick prevention:

Yes

No

How are your pets contained when left alone: _____

Have you ever relinquished an animal to an animal shelter: Yes No

If yes, please explain: _____

EXPERIENCE LEVEL

On a scale of 1-10 (10 being most experienced), what is your experience level with dogs:

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 (10 being highest energy), how much energy would you like your PAWS dog to have:

1 2 3 4 5 6 7 8 9 10

Notes: _____

In the interest of expanding the Wags and Walks Program, are there any places you would recommend exploring for our next dog walking day?

A signed waiver at the event is required for all participants. Please bring a photo ID with you to the event.