



Please email completed application to: [slong@pawsatlanta.org](mailto:slong@pawsatlanta.org)

\_\_\_\_\_   
Date

\_\_\_\_\_   
Name (Last, First)

\_\_\_\_\_   
Cell Phone Number

\_\_\_\_\_   
Street Address, City, State, Zip Code

\_\_\_\_\_   
Email Address

\_\_\_\_\_   
Emergency Contact Name (Last, First) | 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Should your availability to participate change, please reach out to us as soon as possible.

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