**Dog Walking Agreement Form**

**Customer Details** **Services Required**





**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mon** **Tues Wed Thur Fri Sat Sun**

**Feeding Instructions:**\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreed Payment:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dog Details**

**Dog 1**

**Name:**

|  |  |
| --- | --- |
| **Breed:** | **Colour:** |
|  |  |  |
| **Sex: M/F** | **Age:** |
|  |  |  |

**Spayed/Neutered: Y/N**

**Dog 3**

**Name:**

**Breed:** **Colour:**

**Sex:** **Age:**

**Spayed/Neutered: Y/N**

**Dog 2**

**Name:**

**Breed:** **Colour:**

**Sex:** **Age:**

**Spayed/Neutered: Y/N**

**Dog 4**

**Name:**

**Breed:** **Colour:**

**Sex:** **Age:**

**Spayed/Neutered: Y/N**

**Other Information**

Does the dog have a collar? Yes / No

Are there any limitations for the dog inside? Yes / No

If yes, please list what these may be:

Are there any limitations for the dog outside? Yes / No

If yes, please list what these may be

Does the dog have any treats or toys? Yes/No

Precautions (other animals, people)

Does your respond to any specific commands? Yes / No

If yes, please list

Any further information regarding behaviour?

Microchip details

Vaccinations?

*Whether you choose to vaccinate your dogs or not is a personal decision. However, please be aware that your dog may be walked with both vaccinated and unvaccinated dogs unless a private walk is booked. Dogs showing signs of flea infestation will not be walked.*

**Emergency Contact Information**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Security Details**

I release my house key(s) to **Walking Home** for the duration of thecontract. I may revoke this release at any time and expect my keys to be returned to me immediately upon such revocation.

**Off Lead Permission**

**I do/do not** give me full consent for my dog/s to be walked off their lead

**Cancellation Policy**

A minimum of 24 hours cancellation notice is required, except in the case of extreme emergency. Cancellations resulting with less than 24 hours notice may be charged at the full rate

**Veterinary Information**

Name Tel.

Address

Postcode:

To the Veterinary Surgery during my absence **Walking Home** will be caring for my dog(s) and has my permission to transport them to your surgery for treatment. I authorise you to treat my dog(s) and will be responsible for payment to you either before my departure or on my return. Please file this form with my records. I give further permission for them to transport my dog(s) to the above mentioned veterinary surgeon. I understand that **Walking Home** assumes no responsibility for the loss of the dog(s) and is released from all liability related to transportation, treatment and expense.

**Client Declaration and Signature**

I HEREBY CONFIRM THAT I AM THE OWNER OF THE ABOVE NAMED DOG(S) AND THAT I AUTHORISE THE FOLLOWING SERVICE:

WALKING HOME

TO ACT AS GUARDIAN DURING MY ABSENCE AND TO TAKE ANY ACTION WHICH HE/SHE CONSIDERS SUITABLE IN ORDER TO PROTECT AND KEEP IN GOOD HEALTH THE ABOVE NAMED DOG(S). I DO FURTHER CONFIRM THAT I WILL BE RESPONSIBLE FOR ANY COSTS WHICH MIGHT BE INCURRED, EITHER VETERINARY OR OTHER, AS A RESULT OF ANY SICKNESS, ACCIDENT OR DAMAGE CAUSED TO OR BY THE ABOVE NAMED DOG (S). EXCEPT THIRD PARTY LIABILITY, AND THAT I WILL PAY ANY SUCH COSTS OR EXPENSES ON DEMAND. I ALSO UNDERSTAND THAT NO LIABILITY WILL ATTACH TO THE ABOVE MENTIONED PETSITTER AND BY SIGNING THIS DECLARATION I AGREE

TO THE TERMS AND CONDITIONS OF WALKING HOME!

**Client Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_