

Dog Walking Agreement Form

Owner Information

Name _____ Tel. (home) _____
 Tel. (Work) _____ Tel. (Mob) _____
 Address _____ Postcode _____

Dog 1 Information

Dog 2 Information

Name _____ DOB (DD/MM/YYYY) Sex _____ ____/____/____ Male / Female Breed _____ Spayed / Neutered Yes/ No _____	Name _____ DOB (DD/MM/YYYY) Sex _____ ____/____/____ Male / Female Breed _____ Spayed / Neutered Yes/ No _____
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Dog 3 Information

Dog 4 Information

Name _____ DOB (DD/MM/YYYY) Sex _____ ____/____/____ Male / Female Breed _____ Spayed / Neutered Yes/ No _____	Name _____ DOB (DD/MM/YYYY) Sex _____ ____/____/____ Male / Female Breed _____ Spayed / Neutered Yes/ No _____
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Feeding Information

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
							Does the dog have a collar? <i>Yes / No</i> Are there any limitations for the dog inside? <i>Yes / No</i> If yes, please list what these may be _____ _____
Feeding Instructions _____ _____ _____ _____							Are there any limitations for the dog outside? <i>Yes / No</i> If yes, please list what these may be _____ _____
Security Details I _____ release my house key(s) to _____ for the duration of the contract. I may revoke this release at any time and expect my keys to be returned to me immediately upon such revocation.							Does the dog have any treats or toys? _____ _____ Precautions (other animals, people) _____ _____

Other Information

More Dog Information

Can the dog(s) be let off the lead during their walk? *Yes / No*

Is the dog(s) aggressive with other dogs? *Yes / No*

Can the dog(s) be aggressive with people? *Yes / No*

Is the dog(s) allowed to play with sticks? *Yes / No*

Does the dog(s) attack livestock/cats etc.? *Yes/No*

Is the dog allowed treats? *Yes / No*

Does your dog have any favourite toys/games? *Yes / No*

If yes, please list _____

Does your dog respond to any specific commands? *Yes / No*

If yes, please list _____

Micro chip details: _____

Vaccinations: _____

Medical History: _____

Veterinary authorisation details

Name _____ Tel. _____

Address _____ Postcode _____

To the Veterinary Surgery During my absence _____ 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 hereby give _____ permission to transport my dog(s) to the above mentioned veterinary surgeon. I understand that _____ assumes no responsibility for the loss of the dog(s) and is released from all liability related to transportation, treatment and expense.

Client Signature _____ Vet's Signature _____

(Please provide three copies, one for each party.)

Emergency Contact Information

Name _____ Tel. _____

Address _____ Postcode _____

In the event of surgery or euthanasia DOGili will accept the advice of the veterinary surgeon; would you wish to be notified before your planned return? *Yes / No*

If yes, please leave a contact number which you can be reached on _____

This should be someone who is able to pay a bill in the event of a problem with the house. This might also be someone who can make a decision about any medical injuries.

Disclaimer

Payment Terms and Conditions

Bank Holiday Surcharges: Christmas Eve, Christmas Day, Boxing Day, New Year's Eve, New Years' Day, Good Friday, Easter Sunday and Easter Monday **will incur double charges**. All other Bank Holidays **will incur a 50% surcharge**.

Please note: DOGili will not operate on Jewish High Holidays.

Full payment will be required for all services in advance.

Cancelation Policy

To cancel the contract between us a notice period of **10 days** must be given.

A minimum of 48 hours notice is required for cancellation of service. Please note that if at any given time your dog shows any sign of aggression towards other people or dogs, DOGili reserves the rights to immediately terminate this contract.

I hereby confirm that I _____ the owner of the above named dog(s) and the I authorise _____ 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 name 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 the above mentioned pet-sitter or national pet-sitters

Date: _____

Signed: _____