



Happy Walkies Dog Walking Agreement Form

Date: Owner Name:

Mobile Number: Alternative Phone Number

Email Address: Alternative Email Address

Home Address:

Second Contact Name: Telephone Number

Keys Given: Description of Keys Date of Return:

Pet Details

Pet 1	
Name	
Age	
Breed	
Sex	
Spayed/ Neutered	
Vaccs: New Booster Kennel Cough	Yes/No Cert Viewed

Pet 2	
Name	
Age	
Breed	
Sex	
Spayed/ Neutered	
Vaccs New Booster Kennel Cough	Yes/No Cert Viewed

Pet 3	
Name	
Age	
Breed	
Sex	
Spayed/ Neutered	
Vaccs New Booster Kennel Cough	Yes/No Cert Viewed

Visiting Owner Home Times and Dates

How long would you like your dog walked for? 30 mins 1 hour
 Type of walk Group Individual Drop-In

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Medical History:

Currently taking any medication(s)?

Any restrictions on dog's activity?

Allergies:

Additional Notes: Doggy Details

Where do you keep your lead?

What room does the dog stay in?

Can the dog be let off the lead during their walk?

How does the dog walk off the lead?

How does the dog react to people and children?

How does the dog interact with other dogs?

How does the dog react to livestock/cats etc.?

Is the dog allowed treats?

Does the dog have any favourite toy or games?

Is the dog allowed in water?

How does the dog react to water?

Does the dog have a favoured walk route?

Can the dog be transported in the car?

How does the dog act in the car or on a lead?

Does the dog respond to commands?

Does your dog wear a collar with a tag?

Has your dog shown any signs of aggression?

Is the dog chipped?

When was your dog's last vaccination?

Any other important information I need to know about?

DOGS WHICH ARE ALLOWED OFF THE LEAD ONLY:

I agree that I allow my dog to be let off the lead. I do not hold Happy Walkies responsible if my dog is lost or stolen, or if he/she endangers itself if they run away. I understand that Happy Walkies will not be held responsible.

Client Name:

Client Signature:

Date:

Payment Information:

Cost:

How will you be making payment?	Cash	Bank Transfer
Agreed Payment Schedule?	Per Day	Weekly Monthly

Veterinary Authorisation Details

Vet's Name:

Address:

Telephone Number:

To the Veterinary Surgery:

During my absence, Happy Walkies will be caring for my dog(s) and has permission to transport them to your surgery for treatment. I authorise you to treat my dog(s) and I, as the dog(s) owner, will be responsible for payment to you, not Happy Walkies. I hereby give Happy Walkies permission to transport my dog to the above-mentioned veterinary surgeon and make any decisions on treatments they feel need to be carried out without my permission. I understand that Happy Walkies assumes no responsibility for the loss of the dog(s) and is released from all liability related to transportation, treatment, and expense. This will all be paid for by me, the dog owner.

Client Name:

Client Signature:

Date:

The information I have given in this application is true, correct, and complete to the best of my knowledge. I have read and agree to abide by the terms and conditions received from Happy Walkies. I understand that this form acts as permission to hold keys to my property which I have provided willingly. I hereby indemnify Happy Walkies against any liability of any kind whatsoever arising from damage, loss, disappearance, injury, or death to a pet either inside or outside of the home whilst in their care (also includes to any property). I also give Happy Walkies permission to transport my pet. I agree that I will make payment for all services provided in line with the payment schedule agreed unless agreed otherwise by Happy Walkies.

Client Signature:

Client Name Printed:

Date: