



Happy Walkies Dog Walking Agreement Form

OWNER INFORMATION

Date: Owner Name:

Mobile Number: Alternative Phone Number

Email Address:

Home Address:

.....

Emergency Contact Name: Telephone Number

Relationship to owner

Keys Given: Description of Keys Date of Return:

PET DETAILS

Dog 1 (please fill in a separate form for additional dogs)	
Name	
Age	
Breed	
Sex	
Spayed/ Neutered	
Behaviour	
Favourite Toy	
Special Instructions	

MEDICAL HISTORY

Currently taking any medication(s)?

Any restrictions on dog's activity?

Allergies:

WALKING PREFERENCES

How long would you like your dog walked for? 30 mins 1 hour Other

Type of walk	Group	Individual	Drop-In
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Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

ADDITIONAL NOTES AND DOGGY DETAILS

1. Where do you keep your lead?
2. What room does the dog stay in?
3. Can the dog be let off the lead during their walk?
4. How does the dog walk off the lead?
5. How does the dog react to people and children?
6. How does the dog interact with other dogs?
7. How does the dog react to livestock/cats etc.?
8. Is the dog allowed treats?
9. Does the dog have any favourite toy or games?
10. Is the dog allowed in water?
11. How does the dog react to water?
12. Does the dog have a favoured walk route?
13. Can the dog be transported in the car?
14. How does the dog act in the car or on a lead?
15. Does the dog respond to commands?
16. Does your dog wear a collar with a tag?
17. Has your dog shown any signs of aggression?
18. Is the dog chipped?
19. When was your dog's last vaccination?
20. 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

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 SMALL PRINT

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:

Happy Walkies Signature:

Happy Walkies Printed:

Date:

Happy Walkies, The Bayliffes House, Benthall, Broseley, Shropshire. TF12 5QZ.

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DBS Cleared and fully insured for public and professional liability Insurance.