

**Dog Walking Form**

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| --- | --- |
| Client Name |  |
| Address |  |
| Telephone  Number |  |
| Email |  |
| Emergency Contact Name,Phone Number, Address andEmail Address |  |
| Dog’s  name(s) |  |
| Sex |  |
| Breed |  |
| Is your dog spayed/neutered  |  |
| Date of Birth |  |
| Physical  description  of  yourdog (size, colour anddistinguishing features). |  |
| Microchip Number |  |
| Vet’s Name, address and phone number |  |
| Dog’s Temperament |  |
| Is your dog friendly with other dogs? (On and off lead) |  |
| Are there any breeds of dog that your dog does not get along with? |  |
| Is  your  dog  friendly  withchildren? |  |
| Has  your  dog  ever  displayedany aggressive  behaviour? |  |
| Does your dog have any medical conditions? |  |
| Is your dog allergic or intolerant to anything? |  |
| Are there any particular commands you use with your dog? |  |
| Date service commences |  |
|  Preferred time of walk |  |
| Number of walks per week |  |
| Preferred walking route |  |
| Length of walk |  |
| Other care required (e.g. medication, feeding) |  |

**Dog Walking Off-lead Disclaimer**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of (address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

have requested that MUTTS AND MOGGIES PET CARE walk my dog(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

off the lead, when in a suitable environment away from roads and traffic. I agree that I cannot hold MUTTS AND MOGGIES PET CARE responsible for loss or injury incurred (of/to my own dog or to another animal or person) as a result, unless they are shown to be negligent.

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key Release**

I have released a set of house keys to MUTTS AND MOGGIES PET CARE and consent to them holding these keys and entering my property for the purposes of this contract. I understand that no liability can be attached to MUTTS AND MOGGIES PET CARE if a non-related third party (such as a nanny or cleaner) shares access to my property or pets.

Client signature:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service provider signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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