

Dog Walking Service Contract

Client & Dog Information

Guardian's Name:	Guardian's Name:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Address:	
Dog's Name/ ID:	Dog's Name/ ID:
Breed/Age/Sex:	Breed/Age/Sex:
Would you like me to send you updates after each visit? Email or Text?	

Emergency Information

Emergency Contact:	Phones:
Alternate Emergency Contact:	Phones:
Vet Office/ Vet's Name:	Phone:
Vet Address:	
Directions to Vet's Office:	
Current Medications:	Reason(s) for Meds:
Important Medical History Notes:	
If (pet's name) needs emergency care what is your limit?	

General Care Information

Dog's Regular Treats:	Other treats okay? <input type="checkbox"/> Yes <input type="checkbox"/> No
Treat/ Dietary Restrictions:	
Dog's Known Behavioral Issues:	
Special Instructions or Notes regarding Behavioral Issues:	

Description of Services

<input checked="" type="checkbox"/> On-Leash Walk <input type="checkbox"/> Off-Leash Walk <input type="checkbox"/> Other:		
Start Date:	Days Needed: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> 5days/week	
Number of Visits/ Week:	x Rate:	= Approx. Monthly Fee:

Liability Waiver & Policies

<p>1. SHE LOVES MY DOG will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I have been told and understand the risks inherent in having my dog walked outdoors, including but not limited to interactions with other dogs and potential exposure to injury, disease, and parasites. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless SHE LOVES MY DOG of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under SHE LOVES MY DOG care and under my own care as a result of following any instructions given me by SHE LOVES MY DOG. I have been told by SHE LOVES MY DOG and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. Additionally, SHE LOVES MY DOG will act with all due respect and caution in my home in my absence and I hereby agree to indemnify and hold harmless SHE LOVES MY DOG of any and all claims of damages to my home. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.</p>	Initial:
<p>2. I authorize emergency medical care to be provided by the above-named veterinarian, or an appropriate alternate to be determined by SHE LOVES MY DOG in the event my regular veterinarian is not available or that closer care is required. I will reimburse SHE LOVES MY DOG any charges related to emergency care.</p>	Initial:
<p><input type="checkbox"/> I authorize SHE LOVES MY DOG to administer or seek first aid and resuscitative care as determined appropriate by SHE LOVES MY DOG and I agree to indemnify and hold harmless SHE LOVES MY DOG for all and any results thereof.</p>	Initial:
<p><input type="checkbox"/> I DO NOT authorize SHE LOVES MY DOG to administer or seek first aid and resuscitative care as determined appropriate by SHE LOVES MY DOG and I agree to indemnify and hold harmless SHE LOVES MY DOG for all and any results thereof.</p>	Initial:
<p>3. Payment Policy: All waking services must be paid monthly up front for the coming month. This guarantees my spot.</p>	Initial:
<p>4. Cancellation Policy: Cancellation requires a 48 hour notification.</p>	Initial:

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

Dog Guardian	Date	Dog Walker & Title	Date

Payment Information and Agreement

Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Or PayPal																									
Name on Card:	Signature:																								
Number:																									
Expiration Date:	3 digit code on back of card:																								
Billing address if different than address above:																									
<input type="checkbox"/> Paid in Full Paid \$ on Date:																									
<input type="checkbox"/> Payment Plan:																									
<p>1. I understand that by agreeing to a payment plan I am responsible for making all payments as listed below.</p> <p style="text-align: right;">Initial: </p> <p>2. I authorize She Loves My Dog to run the credit card above as follows:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Payment #1</td> <td style="width: 20%;">Date:</td> <td style="width: 20%;">Amount: \$</td> <td style="width: 40%;"></td> </tr> <tr> <td>Payment #2</td> <td>Date:</td> <td>Amount: \$</td> <td></td> </tr> <tr> <td>Payment #3</td> <td>Date:</td> <td>Amount: \$</td> <td></td> </tr> <tr> <td>Payment #4</td> <td>Date:</td> <td>Amount: \$</td> <td></td> </tr> <tr> <td>Payment #5</td> <td>Date:</td> <td>Amount: \$</td> <td></td> </tr> <tr> <td>Payment #6</td> <td>Date:</td> <td>Amount: \$</td> <td></td> </tr> </table> <p style="text-align: right;">Initial: </p>		Payment #1	Date:	Amount: \$		Payment #2	Date:	Amount: \$		Payment #3	Date:	Amount: \$		Payment #4	Date:	Amount: \$		Payment #5	Date:	Amount: \$		Payment #6	Date:	Amount: \$	
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