



## Dog Walking Service Contract

### Client & Dog Information

Owner's Name:	Home Phone:
Work Phone:	Cell Phone:
Email:	Fax #:
Address:	
Others who have keys	Key/ Alarm code
Dog's Name/ ID:	Breed/Age/Sex:
Dog's Name/ ID:	Breed/Age/Sex:

### Emergency Information

Emergency Contact:	Phones:
Alternate Emergency Contact:	Phones:
Vet Office/ Vet's Name:	Phone:
Address:	
Current Medications: _	Reason(s) for Meds:
Important Medical History Notes:	

### Description of Services

<b>Walks of Nature</b> <b>Walk in the 'Hood</b> _____		
Start Date: _____ Days Needed: M Tu W Th F Sat Sun Total days____		
Duration of Walk:	Approximate Pick Up Time:	
Number of Visits/ Week:	x Rate:	= Total Due/ Week:

### General Care Information

Dog's Regular Treats:	Other treats okay? Yes No
Treat/ Dietary Restrictions:	
Dog's Known Behavioral Issues:	
Special Instructions or Notes regarding Behavioral Issues:	
Special Instructions for Riding in the Car:	



### Liability Waiver & Policies

1. Patrick Haley and Walks of Nature will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I recognize that Patrick Haley and Walks of Nature is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. 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 Patrick Haley and Walks of Nature of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under Patrick Haley and Walks of Nature's care and under my own care as a result of following any instructions given me by Patrick Haley and Walks of Nature. I have been told by Patrick Haley and Walks of Nature and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. Additionally, Patrick Haley and Walks of Nature will act with all due respect and caution in my home in my absence and I hereby agree to indemnify and hold harmless Patrick Haley and Walks of Nature of any and all claims of damages to my home.

2. I authorize emergency medical care to be provided by the above-named veterinarian, or an appropriate alternate to be determined by Patrick Haley and Walks of Nature in the event that my regular veterinarian is not available or that closer care is required. I will reimburse Patrick Haley and Walks of Nature for any charges related to emergency care.

3. Payment Policy: There will be a \$25.00 fee charged for any returned checks.

4. Cancellation Policy: \_Walks of Nature requires a 24 hour cancelation notice or client will be required to pay the first days' fee. If Walks of Nature is unable to access your dog due to problems with doors or keys, client will be required to pay first day's fee. If dog is not on the premises for agreed upon pick up time, client will be required to pay first day's fee.

5. Grooming Policy: Walks of Nature will do their best to keep your dog as clean as possible during and after walks. Client should leave out towels near entranceway that will be used for wet or muddy weather conditions. Walks of Nature will not be responsible for bathing or brushing dog after walks.

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

--	--	--	--

Dog Owner

Date

Dog Walker

Date