

METRO DOG / LA AMIGA PET CARE CO.

3412 16th Avenue West
Seattle, WA 98119
(206) 284-3647
Fax: (206) 283-1193

DOG WALKING APPLICATION

CLIENT INFORMATION

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

In case of pet medical emergency, who is your current veterinarian?

Address:

Phone:

Emergency contact name:

Phone:

Relationship:

Alarm system? Y / N

Please give current code to dog walker or leave on voice mail at 283-1179.

Alarm company's name & phone:

Alarm instructions:

Keys

Metro Dog/La Amiga Pet Care Co. prefers to keep client keys on file to simplify arrangements for future visits. Scheduling key pick-ups and returns will incur extra charges. **Please initial preference below.**

_____ I release my house keys to Metro Dog/La Amiga Pet Care Co. to retain on file, in a secured location, for future services. I may revoke this release at any time, at which time my keys will be returned.

_____ I would like my house keys to be left in a pre-assigned hiding place outside of my home.

_____ I would like my house keys left in my home after the current service is completed. I understand there will be a \$10 charge for key pickup for future services.

Entrance location:

Additional instructions/comments:

DOG INFORMATION

Dog's name: _____ Date of birth: _____ Weight: _____

Breed: _____ Male / Female Neutered / Spayed / Unaltered

When were last vaccines given? DHLPP _____

Rabies _____

Bordatella _____

Is your dog micro-chipped? Y / N Chip #: _____

Registry company: _____

Is your dog licensed in Seattle? Y / N License #: _____

Is your dog currently on medication? Y / N If yes, what medication is your dog being given and what is being treated:

Will the dog walker need to administer medication(s)? Y / N If yes, please give detailed instructions:

Does your dog have any allergies? Y / N
If yes, please list allergen(s):

Please list allergy symptom(s):

Is there anything in particular we should be aware of while walking your dog (i.e. health issues, bad/good habits, etc.)?

Please circle all known commands:

Sit Stay Wait Come Leave it Off Down

Others:

Does your dog have any fears/phobias/aggression issues?

Has your dog ever bitten a person or another animal? Y / N If yes, please explain circumstances:

Where will your dog be before their walk (i.e. crate, yard, etc.)?

Where would you like your dog left afterwards (i.e. crate, yard, etc.)?

Please note that it is the owner's responsibility to provide a well fitted restraint for the dog walker's use. Harnesses are preferred, but other acceptable restraints include Haltis, Gentle Leaders, cinch collars, and pinch collars. What restraint will we be using to walk your dog?

Where do you keep your dog walking items?

Leash _____

Waste Bags _____

Other _____

Will your dog need to be fed? Y / N If yes:

Feeding location _____

Food location _____

Food quantity _____

ADDITIONAL INSTRUCTIONS AND NOTES:

DOG WALKING TERMS & CONDITIONS

This agreement is dated _____ of _____, 20____, between Metro Dog / La Amiga Pet Care Co. and _____ (Dog Owner).

The parties herein agree as follows:

- 1) Dog Walker is authorized to perform care and services as outlined on this contract. Dog Walker is also authorized to seek emergency veterinary care with release from all liabilities related to transportation, treatment, and expense. Should specified veterinarian be unavailable, Dog Walker is authorized to engage the services of the veterinarian of their choice. If client can not be contacted in a timely manner, Dog Walker is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse Dog Walker / Metro Dog / La Amiga Pet Care Co. for expenses incurred, plus any additional fees for attending to such emergency, as well as expenses incurred for any other home/dog supplies needed.
- 2) In the event of inclement weather or natural disaster, Dog Walker is entrusted to use best judgment in caring for dog(s) and home. Dog Walker / Metro Dog / La Amiga Pet Care Co. will be held harmless for consequences related to such decisions.
- 3) I (or my homeowner's insurance) will be responsible for any injury (i.e. pet bite, scratches requiring medical attention) to Dog Walker due to my pet(s) or condition of premises.
- 4) This company, its employees and independent contractors agree to provide the services stated in this contract in a reliable, caring, and trustworthy manner. In consideration of these services and as an express condition thereof, the Client expressly waives and relinquishes any and all claims against said Dog Walker / Metro Dog / La Amiga Pet Care Co. except those arising from negligence or willful misconduct on the part of the Dog Walker.
- 5) I understand that this contract also serves as an invoice and I take full responsibility for prompt payment of fees. All unanticipated times and expenses spent during responsible completion of pet care duties will be paid upon receipt of additional invoice. A finance charge will be added to unpaid balances after thirty (30) DAYS. A handling fee will be charged to all returned checks. One half deposit is required on lengthy assignments and clients with a history of late payment will be required to pay before services are rendered.
- 6) I further authorize this contract to be valid approval for future services permitting this dog walking service to accept my telephone reservations for service and enter my promises without additional signed contracts or written authorizations.

I have reviewed this service contract for accuracy and understand the contents of this form.

Client Signature: _____ Date: _____

Print Name: _____