

SECTION 1 Client contact details

Name			
Address			
Home phone		Mobile	
Email			
Emergency contact(s)			

SECTION 2 Details of dog walking service

Date service commences		Time service commences	
No. of days per week		No. of walks per day	
Approx. length of walks		Number of dogs	

SECTION 3 Details of veterinary surgeon

Name			
Address			
Phone			

Evidence of vaccinations (including kennel cough) will be required therefore please have your pet's vaccination certificate at hand for inspection.

I, the undersigned, have read and agree to Woof Woof Walkies Terms and Conditions (see separate document) and agree to the terms of the above contract.

I understand that the total cost of this service will be payable to Jennifer Sharp, on the first date this service commences.

I confirm that I will be responsible for any costs which might be incurred, either veterinary or other, as a result of any sickness, accident or damage caused to or by the pet(s) named within this document and that I will pay any such costs in full.

Should Woof Woof Walkies be required to settle any invoices in your absence, such as veterinary care or damages caused by your dog, during the pendency of this agreement, I agree to reimburse Woof Woof Walkies in full. Furthermore, I agree that Woof Woof Walkies will not be held liable for any costs incurred.

House Keys:

Should you release a set of house keys to Woof Woof Walkies and give consent to them holding these keys and entering your property for the purposes of this contract, no liability can be attached to Woof Woof Walkies if a non-related third party (such as a nanny or cleaner) shares access to your property or pets.

Please be aware, keys will only be returned to the client named below.

Please Note:

It is the pet owner's responsibility to update Woof Woof Walkies should any of the above information change.

Clients name:	Proprietor's name: ..Jennifer Sharp.....
Clients signature:	Proprietor's signature:
Date:	