

SECTION 1 Client contact details

Name			
Address			
Home phone		Mobile	
Email			
Emergency contact(s)			

SECTION 2 Details of transportation service

Date of collection		Time of collection	
Collection address			
Journey to			
Estimated time of arrival			
Delivery address			
Special note(s)			

SECTION 3 Details of pet(s)

Type of pet(s)	
Number of pet(s)	
Name(s) of pet(s)	
Breed, age & gender of pet(s)	

SECTION 4 Details of veterinary surgeon

Name	
Address	
Phone	

Evidence of vaccinations (including kennel cough, if applicable), flea treatment and worming up to date if applicable (please note all vaccination certificates must be shown at the time of collecting your pet)

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 prior to your transportation service commencing.

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 pets named within this document and that I will pay any such costs in full on my return.

Should Woof Woof Walkies be required to settle any invoices in your absence, such as veterinary care or damages caused by your pet, 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.

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: