

**SECTION 1** Client contact details

Name			
Address			
Home phone		Mobile	
Email			
Emergency contact(s)			

**SECTION 2** Details of puppy play days service

Date service commences		Time service commences	
Date service ends		Time service ends	

**SECTION 3** Details of puppy/puppies

Type of puppy/puppies	
Number of puppies	
Name of puppy/puppies	
Breed, age & gender of puppy/puppies	

**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 dropping off 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 on the first day of Puppy Play Days.

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: .....	