



## Dog Walking Contract

### SECTION 1 Client contact details

|                      |  |        |  |
|----------------------|--|--------|--|
| Name                 |  |        |  |
| Address              |  |        |  |
|                      |  |        |  |
| Home phone           |  | Mobile |  |
| Email                |  |        |  |
| Emergency contact(s) |  |        |  |
|                      |  |        |  |

### SECTION 2 Details of dog walking service

|                        |  |
|------------------------|--|
| Date service commences |  |
| No. of days per week   |  |

### SECTION 3 Details of dog(s)

|                               |  |
|-------------------------------|--|
| Type of dog(s)                |  |
| Number of dog(s)              |  |
| Name(s) of dog(s)             |  |
| Breed, age & gender of dog(s) |  |
|                               |  |
| Is your dog neutered/spayed?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |

(Please note all dogs must be neutered/spayed by the age of 9 months)

*Love and care when you're not there.*

Woof Woof Walkies, 19 Longbank Road Ayr KA7 4SA  
tel. 01292 441965 | email. info@woofwoofwalkies.com  
web. www.woofwoofwalkies.com

**SECTION 4** Details of veterinary surgeon

|         |  |
|---------|--|
| Name    |  |
| Address |  |
|         |  |
| Phone   |  |

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

**SECTION 5** Pet insurance

|                      |  |
|----------------------|--|
| Is your dog insured? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|----------------------|--|

If yes, please download and complete our veterinarian treatment document in additional to this document.

**SECTION 6** Dog walk

|   |  |
|---|--|
| Do you wish your dog(s) walked off their lead(s)? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|---|--|

If yes, please also complete Section 7 below.

**SECTION 7** Off-lead disclaimer

I, .....

of (address) .....

have requested that Woof Woof Walkies walk my dog(s):

Name of Dog(s) .....

Breed of Dog(s) .....

off the lead, when in a suitable environment away from roads and traffic.

I agree that I cannot hold Woof Woof Walkies responsible for the loss or any injury incurred to my dog(s) as a result.

SECTION 8 Agreement

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

Woof Woof Walkies require all dogs to be neutered/spayed before the age of 9 months.

This document will remain valid for all current and future dog walking services unless a new document is signed.

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