

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			
Delivery address			
Special notes			

### 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)	
Details of any known medical conditions	

### SECTION 4 Details of veterinary surgeon

Name	
Address	
Phone	

**If transporting dogs or cats, evidence of vaccinations will be required therefore please have your pet's vaccination certificate at hand for inspection.**

### SECTION 5 Pet insurance

Is your pet insured?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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**If yes, please download our veterinarian treatment document and complete in addition to this document.**

SECTION 6 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 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 whilst my pet is in transit with Woof Woof Walkies, such as veterinary treatment and/or any other costs which may arise due to sickness, accidents or damages caused to or by your pet(s) named within this document and that I will pay all 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 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: .....	