



WALKING MILES

Dog Walker - Licensed Home Boarding - Home Visits

Veterinary Release Form (Special Measures)

Walking Miles will always act in your dogs best interests, and the welfare of your dog
always comes first.

You have been asked to fill out this form as you have told us about your dogs health
issues which may be effected when they stay.

We will ALWAYS follow your instructions when it comes to keeping your dog(s) safe
with their medical needs.

Pets Name: _____

Owners Name: _____

Address: _____

Veterinary Practice: _____

Any current health/medical issues: _____

Exercise requirements and/or limitations: _____

Grooming requirements when they stay: _____

Any other details that you wish for us to know, or be aware of: _____

Anything else we should know: _____



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I have given Walking Miles ALL the relevant information for my dog and their health condition(s). I have not withheld any information and will provide any equipment or accessories that may be needed for the duration of my dogs stay.

I give Walking Miles permission to exercise, groom, feed and provide suitable enrichment for my dog based on the information I have given.

All activities will be discussed with Walking Miles and agreed below (both parties to sign)

Signed: _____ (Walking Miles Limited)

Signed: _____ (Owners)

Date: _____