



THE PAW PAC
On and Off Leash Pac Adventures
Key Handling Form

Date: _____

Dog Parent(s) name:		Phone number:	
Address:		Email address:	
Number of keys provided:		What doors do they open?	
Home Security System?	Where is the security system located?	What is the alarm code?	

I _____ Dog parent(s) agree to the following:

1. Key(s) are used exclusively for accessing the dog parent(s) property to provide dog walking services.
2. Under no circumstances will The Paw Pac duplicate the client's keys .
3. The Paw Pac agrees to keep the key(s) in a secure location and not disclose its whereabouts or any property information to unapproved people.
4. The Paw Pac will return the key(s) upon termination of services or upon the dog parent(s) request.
5. Lost/Stolen keys: The Paw Pac will notify the dog parent(s) if the key is lost or stolen and will be responsible for any reasonable replacement costs.

Dog Parent(s) signature _____ Date: _____

The Paw Pac signature _____ Date: _____

KEY RETURN INFORMATION

Date of return:	No. of key returned:
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Keys were returned in original condition Yes ☐ No ☐. If no, please provide details:

Dog Parent(s) signature _____ Date: _____

The Paw Pac signature _____ Date: _____