

[www.paw-rifictails.com](http://www.paw-rifictails.com)  
[heather@paw-rifictails.com](mailto:heather@paw-rifictails.com)  
856-716-1159

Client's Name \_\_\_\_\_

Client's Address \_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Email Address \_\_\_\_\_

Dog's Name/Breed \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

Medical Issues \_\_\_\_\_

Sex            Male ☐ Female ☐    Neutered/Spayed ☐

Fully Vaccinated        Yes ☐        No ☐

Collar with tag            Yes ☐        No ☐

Vet Practice Used \_\_\_\_\_

Practice Address \_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Please state below day and times of when you would like your dog to be walked: \_\_\_\_\_

Please confirm that you agree to your dog being exercised off lead: Yes ☐ No ☐

Notes:

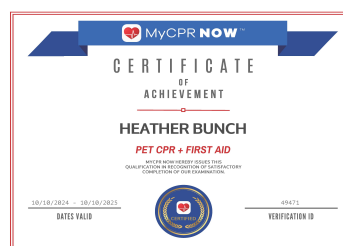
1. I agree to provide keys/arrange for keys to be available for Heather Bunch of Paw-rific Trails for the dog walking appointment.
2. I authorize Paw-rific Trails to obtain any emergency veterinary care that may be necessary during the time spent with my dog(s). I understand that every effort will be made to contact me prior to obtaining emergency care. I accept responsibility for any charges related to this emergency care. I also authorize Paw-rific Trails to use an alternative veterinarian if my regular veterinarian is unavailable.
3. I agree to reimburse Paw-rific Trails for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies. I will be responsible for any medical expenses and damages resulting from an injury to the dog walker or other persons by my dog(s).
4. I agree to indemnify and hold harmless Paw-rific Trails in the event of a claim by any person injured by my dog(s).
5. If my dog is female, I will notify Paw-rific Trails when my dog is in season. During these times I understand that my dog will be walked alone for safety purposes and that this will incur the single dog walking fee.
6. I agree to notify Paw-rific Trails of any concerns/complaints within 24 hours of any appointment.
7. I realize I must give a minimum of 24 hours' notice to cancel any appointments or the full amount for the walk will be payable.
8. I will settle the amount owing at the end of each week in which walks have been undertaken.
9. Where dog walking is a regular arrangement over a period of time with no defined end, I and Heather Bunch both agree to a two week notice of termination of the agreement.

I have read and agree to the terms and conditions set out above, a copy of which are also posted on the website at [www.paw-rifictails.com](http://www.paw-rifictails.com) I hereby agree that I, the undersigned, give consent for Heather Bunch of Paw-rific Trails to walk my dog, in accordance with my instructions and that (where applicable) I have entrusted her with a key to my property to be used only as agreed. The key will be returned on my request and I give permission for Heather Bunch to seek veterinary assistance should it be required for my pet while my pets are in her care. (Please note - Heather will try to contact you as soon as possible in the event of an emergency via the contact details provided above).

Cancellations by the customer are required to be made as soon as possible via text or telephone directly to Heather at (856) 716-1159. In the unlikely event that Heather should have to cancel a booking this will be done at the earliest opportunity via the contact telephone numbers provided by the customer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paw-rific Trails is insured by  
Pet Sitters Associates, LLC  
(715) 450-9513  
[www.petsitllc.com](http://www.petsitllc.com)



# ***Paw-rific Trails***

## **Veterinary Release Form**

*Paw-rific Trails* requires all clients to complete a Veterinary Release Form. In the event of an emergency, *Paw-rific Trails* will make every attempt to contact the owner, the secondary owner and the emergency contact. In the event that no contact can be reached, *Paw-rific Trails* will seek appropriate medical care for your pet(s). *Paw-rific Trails* will make every attempt to take your pet(s) to the Veterinarian listed below, however, if your Veterinarian is not available, *Paw-rific Trails* will bring your pet(s) to an appropriate clinic.

### **Veterinarian Information**

Veterinarian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I \_\_\_\_\_ agree to the following:  
Client's Name

1. In the case of an emergency, I understand that Paw-rific Trails will make every attempt to contact the primary owner, secondary owner and emergency contact.
2. If no contact can be reached, I authorize Paw-rific Trails to seek appropriate medical treatment for my pet(s).
3. I understand that every effort will be made to take my pet(s) to the above Veterinarian, however, I authorize Paw-rific Trails to seek treatment for my pet(s) any appropriate clinic, if necessary.
4. I give permission to Paw-rific Trails to approve treatment up to:  
☐ No limit ☐ \$250 ☐ \$500 ☐ \$1000 ☐ other \$ \_\_\_\_\_
5. I authorize Paw-rific Trails and the Veterinarian caring for my pet(s) to share all medical records of my pet(s) with emergency vet clinics in an effort to provide the best care possible.
6. I agree to assume full responsibility for payment and reimbursement for any and all veterinary services rendered.
7. I understand that Paw-rific Trails assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment and expenses.
8. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time Paw-rific Trails cares for my pet(s)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ***Paw-rific Trails***

## **Policies**

### **Holiday, Weekend, and Evening Premium**

Weekends: 50% extra

Holiday: 100% extra

Evening (7PM or later): 50% extra

Premiums are not combined. If a Holiday is on a weekend, only the Holiday premium applies.

### **Cancellation Terms:**

All Services (except Pet-Sitting/Overnights, & Holidays)

0-24 business hours: 100% fee is due

24 business hours or more – no charge

### **Overnights:**

If canceled 72 hours or more before service starts, the deposit goes to credit; if canceled less than 72 hours before the service starts, the deposit is non-refundable and no credits will be given.

### **ALL Holiday Cancellations:**

If canceled 7 or more days before the service starts, the deposit (see "deposits" below) goes to credit; if canceled less than 7 days before the service starts, the deposit is non-refundable & no credits will be given.

**\*\*We have 9 days we consider a holiday\*\***

New Year's Eve & New Year's Day, Easter, Memorial Day, July 4, Labor Day, Thanksgiving, Christmas Eve & Christmas Day

### **Payment:**

We accept cash, Zelle, & Venmo (credit cards are not accepted at this time). Late payment fee (\$10 per week) will be added if payment is not received within 7 days of weekly payment schedule.

### **Deposits:**

Paw-rific Trails requires a Non-refundable 50% deposit at time of booking for the following:

- Holiday visits
- Overnight pet sitting 3 days or more

### **Vaccinations:**

Paw-rific Trails requires all dogs to be current with their vaccinations.

### **Refunds:**

Non-refundable