



Dog Walking Service Contract

Client's Name: _____

Pet(s) Names: _____ Age(s): _____

Address: _____

Email Address: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact: _____ Phone: _____

Veterinarian: _____ Phone: _____

Address: _____

All dogs must be current with vaccinations and county licenses.

Rabies Tag #: _____ Exp. Date: _____

License #: _____ Exp: Date: _____

To better serve your pet, please use the space below to provide any additional information for your pet. Please be sure to include medications, conditions, or behavioral problems. Should you have special instructions, in the event of an emergency, please include them here.

The client whose signature appears below agrees to the following:

The initial term of this contract will begin on _____, 20__ through _____, 20__.

_____ This contract is for dog(s) to be walked on a schedule to be mutually agreed upon.

The fee for walking your pet(s) on this schedule is \$_____ per walk.

Client ___ will ___ will not provide keys to client's residence for the purpose of picking up pet. If not, client has provided alternate way to pick up pet. _____

_____ In the event that the client does not require Canine Adventure services on an agreed upon day, Canine Adventure must be notified at least 24 hours prior to the scheduled walk to avoid being charged for the visit.

_____ In the event of an emergency, when the above owner contacts are unavailable, the client authorizes Canine Adventure to seek medical attention from the above listed veterinarian at the client's expense. Should the listed veterinarian be unavailable also, the client authorizes Canine Adventure to use their best judgment in selecting an alternate veterinarian. In this event, the client authorizes Canine Adventure to approve medical and/or emergency procedures, excluding euthanasia, as recommended by the veterinarian. Any expenses incurred by Canine Adventure will be reimbursed within 48 hours.

_____ In the absence of the above owner, the client authorizes CanineAdventure or its agents, to act on behalf of the owner in all capacities.

Canine Adventure agrees to provide services as outlined in this contract in a reliable, responsible and compassionate manner. Canine Adventure will use their best judgment and the information provided by the client when making decisions about the client's pets and premises. Client will be responsible for any medical expenses incurred due to client's pet or condition of premises.

Both parties have reviewed this contract for accuracy and agree to be bound by the terms of this Service Contract.

This contract and all its terms remain in effect until cancelled in writing by client or CanineAdventure.

Signed this date, _____, 20 __,

Client's Signature

Canine Adventure Signature