



# DOG WALKING AGREEMENT

## OWNER INFORMATION

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(Owners Name)

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(Address)

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(Cell number)

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(Cell number)

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(Email address)

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(Emergency Contact person)

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(Cell number)

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(Cell number)

## REQUESTED SERVICES

Time spent	Cost	SERVICE REQUESTED
30-minute walk	\$ 15	_____
60-minute walk	\$ 20	_____
Additional pet	\$ 10/pet	_____

**MAXIMUM OF FOUR PETS AT A TIME PER WALK**

## PET INFORMATION

Pet name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Spayed/Neutered \_\_\_\_\_ Microchipped \_Y\_\_\_N\_\_\_ Vaccinated \_Y\_\_\_N\_\_\_

Pet name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Spayed/Neutered \_\_\_\_\_ Microchipped \_Y\_\_\_N\_\_\_ Vaccinated \_Y\_\_\_N\_\_\_

Pet name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Spayed/Neutered \_\_\_\_\_ Microchipped \_Y\_\_\_N\_\_\_ Vaccinated \_Y\_\_\_N\_\_\_

Pet name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Spayed/Neutered \_\_\_\_\_ Microchipped \_Y\_\_\_N\_\_\_ Vaccinated \_Y\_\_\_N\_\_\_

## PET DETAILS

Is your pet trained? YES  NO

Will your pet chase other dogs/cats/rabbits? YES  NO

Does your pet have separation or anxiety issues? YES  NO

Is your pet overly aggressive to other pets? YES  NO

Is your pet aggressive to humans? YES  NO

Does your pet have a bite history? YES  NO

Is there a certain route the dog walker should take? YES  NO

If yes, please describe the route \_\_\_\_\_

How did you hear about Tail Waggon Pet Services and Transport?

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Do you give Tail Waggon Pet Services and Transport permission to post pictures and videos to social media of your pets? Our clients' names and addresses will never be used, and posts will never be made at the client's location.

YES       NO

### **TERMS AND CONDITIONS**

1) Payment is to be made in full upon the day of the scheduled walk. Payments can be made via check, electronic payment, or cash. Delinquent payments will be charged an added \$50 late fee that will be added to the account.

2) In the unlikely event that a pet(s) escape from the dog walker the dog walker will not be liable for any issues that arise thereafter. If a medical emergency does arise with the pet(s) the dog walker will make every effort to contact the owner(s) at the above provided numbers and will do what is necessary to make sure the pet(s) safety is of top priority. If time is of the essence, the owner(s) authorizes the dog walker to seek medical treatment. The dog walker will try to continue contacting the owner(s) and keep them informed of the situation. There will be an added charge for transportation should that be necessary, and an added charge will apply for the dog walker still being at the clinic with the pet(s) during medical treatment. The owner(s) will keep all fiscal responsibility for any medical bills should they arise.

3) If at any time the dog walker has a personal emergency, or a situation arises that prevents them from being able to walk the dog(s), another dog walker will be assigned to take their scheduled time. This will be communicated with the owner(s) prior to the change.

4) The owner(s) will provide the dog walker with updated vaccination certificates for each pet. In the unlikely event the dog walker is bitten or incurs any injuries from the pet(s) stated above, the owner(s) will take all fiscal responsibility for any medical bills and losses made to the dog walker.

6) The owner(s) authorizes this signed and agreed upon contract to be used for future services.

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(Owner signature)

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(Date)

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(Dog Walker signature)

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(Date)