



welookafterurpaws

Dog Walking/Doggy Day Care

General Information	
Clients Name:	
Clients Address:	
Telephone Number - Home:	
Telephone Number - Mobile:	
Telephone Number - other:	
Email Address:	
Emergency Contact - Name:	
Emergency Contact - Telephone Number:	
Your Dogs Information	
Dogs Name:	
Age:	
Breed:	
Colour:	
Sex:	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>
Collar with ID tag:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Microchip:	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes number:
Pet Insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes name of Insurer and Policy Number:
Vaccination Schedule:	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, vaccination card/certificate reviewed and in date <input type="checkbox"/> date of last vaccination:

Healthcare Schedule:	Wormed Yes <input type="checkbox"/> No <input type="checkbox"/> date of last treatment Flea Treatment Yes <input type="checkbox"/> No <input type="checkbox"/> date of last treatment
Health Notes: <i>e.g. physical limitations such as hip dysplasia</i>	
Behaviour Notes: <i>e.g. how does your dog react to other people, dogs when on walks?</i>	
Travel: <i>does our dog suffer from travel sickness?</i>	
Dog Treats: <i>Is your dog allowed treats?</i>	
Veterinary Information	
Registered Veterinarian Practice:	
Practice Address:	
Practice Telephone Number:	
Service Requirements	
Service required:	1 hour: Individual Walk <input type="checkbox"/> Group Walk <input type="checkbox"/> 30 Minute: Individual Walk <input type="checkbox"/> Group Walk <input type="checkbox"/> Doggy Day Care <input type="checkbox"/>
Days:	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Time(s):	Walking/Visiting: Between: 9am - 11am <input type="checkbox"/> 11am - 1pm <input type="checkbox"/> 1pm - 3pm <input type="checkbox"/> 3pm - 5pm <input type="checkbox"/> Doggy Day Care: half day morning: 8am - 2pm <input type="checkbox"/> half day afternoon: 12noon - 6pm <input type="checkbox"/> full day: 8am - 6pm <input type="checkbox"/>
Access to home:	Key <input type="checkbox"/> Door code <input type="checkbox"/> Alarm code <input type="checkbox"/>
Payments	
Cost (per visit): Payments terms:	Advance Payment <input type="checkbox"/> On the day <input type="checkbox"/> other <input type="checkbox"/> if other, please specify
Other notes	

Contract & Consent

Insurance; welookafterpaws are insured with Cliverton - Aspen Insurance UK Limited for Dog Walking, Doggy Day Care, Dog / Cat home visiting and Pet Taxi.

Home Access - Dog Walking, Dog/Cat home visiting; you (the customer) agree to provide/arrange for keys to be available for welookafterpaws ahead of dog walking appointment(s) or Dog/Cat home visiting, which is only to be used as agreed and the keys will be returned on your request.

Cancellations; In the unlikely event that welookafterpaws have to cancel a booking, this will be done on the morning of the arranged service by 8:30am or as soon as possible via the contact telephone numbers provided. Cancellations from you are required to be made as soon as possible via telephone or text to Chris on 07515282595, by no later than 8:30am on the day of the service being provided, or a cancellation fee equal to the service maybe charged.

Emergencies; Every care will be taken whilst exercising your dog(s), all dog(s) exercised by welookafterpaws are done so with prior agreement/consent from you. By signing this consent form you authorise welookafterpaws to obtain any emergency veterinary care that may be necessary during the time spent with your dog(s). Welookafterpaws will make every effort to contact you prior to obtaining emergency care and acknowledge that welookafterpaws may need to use an alternative veterinarian if your regular veterinarian is unavailable. Any costs incurred at any practice will be the responsibility of the owner and not that of welookafterpaws and full reimbursement will be required by means of cleared funds before or upon collection of your dog.

Contract Review; Group walks and doggy day care - please note that a 1 week trial period will be undertaken to ensure that your dog(s) show sociable behaviour with our existing clients, if however this period should fail then we reserve the right to review your service requirements, amend where possible or discontinue our service with immediate effect.

Concerns/complaints; In the event you have any concerns or complaints about our service please inform Chris on 07515282595 within 24 hours of any appointments.

Payments; I agree to make payments for service by welookafterpaws in advance, on the day or as agreed.

The information I have given in this application is true, correct and complete to the best of my knowledge. I hereby agree that I the undersigned give consent for welookafterpaws to walk my dog(s) / provide doggy day care / provide pet services from time to time as requested.

Signed:

Print Name:

Dated:

Off the Lead Consent

Please note that off the lead exercise is only provided to those dog(s) whose owners have agreed/requested to do so. By signing below you are agreeing to allow us to exercise your dog off the lead in areas we deem to be safe.

I agree to welookafterpaws having the right to allow my dog(s) off the lead and understand that all terms and conditions remain the same.

Signed:

Print Name:

Dated:

Photographs - Social Media

I consent for images of our dog(s) being posted to;

welookafterpaws instagram

welookafterpaws facebook

welookafterpaws website

Signed:

Print Name:

Dated:

