



Owner(s) Name:

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Preferred pronouns: \_\_\_\_\_

Address:

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Email: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell#: \_\_\_\_\_

Work# : \_\_\_\_\_

Do you plan on staying at your current address for the next year?

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What is your current occupation?

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Dog(s) Name:

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Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_

Is your dog current on all vaccinations? Y or N (Provide a copy of current records via email or paper)

Is your dog current on all flea/tick and heart worm medication?  
Y or N

Has your dog ever been a part of a dog walking group or dog daycare? Y or N If yes, explain: \_\_\_\_\_

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Has your dog had any previous training? Y or N If yes, please elaborate: \_\_\_\_\_

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Has your dog ever exhibited aggression towards people or animals?  
Y or N If yes, explain:

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How did you hear about us? \_\_\_\_\_

Vet  
Hospital: \_\_\_\_\_

Dr.: \_\_\_\_\_

Ph: \_\_\_\_\_

Emergency Contact Name & Ph:

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Please list any health issues your dog has here:

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Initial each box below after reading each section carefully. ALL  
PARTIES HEREIN AGREE AS FOLLOWS:

1. The client agrees to provide **at least 24 HRS notice** for new scheduling or cancellations. In addition you agree to provide us with **at least 30 DAYS notice** if you are moving, or plan to alter service for any significant amount of time. This ensures that we can plan accordingly. If proper notice isn't given you will be charged for said month of service. \_\_\_\_\_
2. **Petsitting is a SEPARATE SERVICE and FEE from all other services i.e. dog walking and training.** Full payment for petsitting is due **BEFORE** your pup's stay begins. Day of pick-

up/drop-off is fine. Please leave payment with your dog's packaged food (just enough for the stay) in an overnight bag.

\_\_\_\_\_

3. For monthly services, all invoices are due by the 5<sup>th</sup> of each month. If your invoice isn't paid by the 5<sup>th</sup> it is considered late and you will be charged a **\$50 dollar late fee**. We are a small business and appreciate your helping us run smoothly by paying on time. If you need to make special arrangements, just contact me. A handling fee of **\$35** will be charged for all returned checks. \_\_\_\_\_
  
4. The fee agreed on for any monthly service period **will not be prorated or reduced** as a result of a client being unable or unwilling to utilize any of the scheduled walks during such service period. If you expect that your pup will be unavailable for an extended period of time, you must contact me to make arrangements. This ensures we can plan ahead.  
  
\_\_\_\_\_
  
5. During peak petsitting times we require a non-refundable deposit equal to **50%** of the total cost of the reserved stay. We have limited room for our premium in home sitting service and this ensures that we do not under book and turn another client away unnecessarily. \_\_\_\_\_
  
6. **OFF LEASH AUTHORIZATION Yes or No** \_\_\_\_\_ If no, do you agree to the use of a 'long lead' in the recall training of your pup? **Yes or No**

7. **Adventures in Dog Walking** agrees to provide the services stated in this contract in a reliable, caring, and loyal manner. In consideration of this service, and as an express condition there-of, I, the undersigned do hereby expressly waive and relinquishes any and all claims against Adventures in Dog Walking, except those arising from gross negligence or willful misconduct on the part of the caregiver. I understand that fees are subject to change with written and timely notice. I, the undersigned, have reviewed this service contract for accuracy and agree to all terms and conditions contained therein.

**SIGNATURE(S):** \_\_\_\_\_

**DATE:** \_\_\_\_\_