



Full Name: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_

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

Dog's Name: \_\_\_\_\_

Dog's Breed: \_\_\_\_\_

Dog's Date of Birth: \_\_\_\_\_

What is your dog's gender: \_\_\_\_\_

Does your dog have all vaccinations up to date (DHLPP), including Bordetella and Rabies vaccine?: YES or NO  
(Please upload a copy of your dog's vaccination records)

Does your dog have any allergies (skin, food, etc) or medical conditions? \_\_\_\_\_

\_\_\_\_\_

If so, is your dog on any medication that we should know about?:

\_\_\_\_\_

Is your dog up to date on flea/worm medication?: YES or NO

How much does your dog weigh?: \_\_\_\_\_

Has your dog been spayed/ neutered: \_\_\_\_\_

Is your dog crate trained?: YES or NO

Does your dog get car sick?: YES or NO

Where does your dog sleep and are they allowed on furniture?: \_\_\_\_\_

\_\_\_\_\_

Where does your dog stay when no one is home? \_\_\_\_\_

\_\_\_\_\_

And for how long are they left alone?: \_\_\_\_\_

\_\_\_\_\_

What are the most important things you would like to change about your dog's behaviors?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog have any history with reactivity of any sort, if so please elaborate?:YES or NO \_\_\_\_\_

\_\_\_\_\_

Does your dog have a bite history, if so please elaborate?:YES or NO

\_\_\_\_\_

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In the event of a life threatening situation, would you give consent for our trainer to perform CPR on your dog?: YES or NO

Full address of veterinary clinic: \_\_\_\_\_

Phone number of veterinary clinic: \_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_

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

1. The client agrees to provide **at least 48 hours notice** for new scheduling, changes in scheduling or cancellations. In addition, you agree to provide us with **at least 30 day's notice** if you are moving, and/or plan to alter or cancel any monthly services. This ensures that we can plan accordingly. \_\_\_\_\_

2. 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 **\$50.00 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, please contact us. A handling fee of **\$35** will be charged for all returned checks. \_\_\_\_\_

3. 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 us to make

arrangements. This ensures we can plan ahead. \_\_\_\_\_

4. During peak holiday 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. \_\_\_\_\_
  
5. Full payment for petsitting and board and train services are due **before** your pup's stay begins. Day of pickup is fine. Please leave payment with your dog's packaged food (just enough for the stay), treats, and toys in an overnight bag. \_\_\_\_\_
  
6. Full payment for training services are due **before** your first scheduled training session. Training package payments must be paid in full prior to your first scheduled training session. \_\_\_\_\_
  
7. **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**
  
8. **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:** \_\_\_\_\_