

CLIENT INFORMATION

Name: _____

Referred by: _____

Address: _____

Contact Information:

How can you be reached during our dog-walking visits? (Work phone, cell phone, etc.) We MUST have a telephone number or way to reach you in the event of a concern about your dog(s) or home:

Home Phone: _____ Work Phone: _____ Email: _____

Cell Phone: _____ Can you accept text messages: ☐ Yes ☐ No

If yes, would you like to receive photos of your dog(s) via text during these dog-walking assignments? ☐ Yes ☐ No

Contact Preference: ☐ Home Phone ☐ Cell ☐ Work ☐ E-mail ☐ Text

Client Permission: Allow photos of your pet(s) to be posted on Company's social media sites (Facebook, Instagram, etc.)? ☐ Yes ☐ No

In case of emergency, with your dog(s) or home, and you cannot be reached, who should we contact?

Name: _____ Phone: () _____

ACCESSING HOME: ☐ Electronic door keypad ☐ Physical key/key fob ☐ Key pick up & return to someone/leasing office ☐ Garage door opener/keypad

**We must have a house key even if electronic keypad and/or garage door opener is used for home access.*

☐ KEY(S) RECEIVED AND TESTED

Locksmith Clause: In the event that Dog Walker is required to employ a locksmith to gain entry into Client's premises due to a malfunction of the lock or a failure of the Client to leave a key, it shall be the responsibility of the Client to reimburse for all costs incurred. The Client expressly gives Dog Walker the authority to employ a locksmith on Client's behalf in the event of the aforementioned occurrences.

KEY RETURN: ☐ In Person, (drop off fee of \$10) ☐ Left On Final Visit (mailbox, under doormat, kitchen island, etc.) ☐ Returned By Mail
☐ Dog Walker Can Hold Key

Is it possible others may be at the home when the Dog Walker arrives to the home (cleaning service, etc.)? If so, please list who & when below.

Location of thermostat and thermostat/temperature setting for inside home: _____

Is a security system in place? ☐ Yes ☐ No

Alarm Company's Name/Phone: _____

Access Code: _____ Alarm Instructions: _____

Are security cameras in use at the home? ☐ Yes ☐ No If yes, locations: _____

Is Dog Walker able to have access to wifi? ☐ Yes ☐ No

**If yes, Client can provide information to Dog Walker when they arrive or write information below:*

Network name: _____ Password: _____

In the event the dog walker arrives to the home to discover the electricity is off, pipe is broken, etc., what should the dog walker do?

☐ Contact client (☐ Work ☐ Cell) ☐ Notify emergency contact

☐ Notify electrician, plumber, etc. (If checked, provide contact information below)

Others who have access to home (incl. phone numbers):

Other phone numbers:

Leasing office/Landlord: _____ Maid/Cleaning Service: _____

Plumber: _____ Electrician: _____

Will pet-care or regular dog-walking responsibility be shared with anyone else? ☐ Yes ☐ No

If yes, please give name & phone number of other person and details of job sharing arrangement. _____

PLEASE NOTE: If anyone else has access to your home while the pet-sitting job is being performed, we, the pet-sitting company, can assume no liability for any damages or losses to your home or pet.

The utmost of care will be given in watching both your pet(s) and your home. However, due to the extreme unpredictability of animals, we cannot accept responsibility for any mishaps of an extraordinary or unusual nature (i.e., bitings, furniture damage, accidental death, etc.) or any complications in administering medications to the animal. Nor can we be liable for injury, disappearance, death or fines of pet(s) with access to the outdoors.

Additional Instructions:

Location of Food/Water Dishes: _____

Pet Food/Treats Located: _____

Leash Located: _____

Leash Requirements or Restrictions (if applicable): _____

Cleaning Supplies Located: _____

Outdoor "Business" Cleanup and Disposal? _____

Indoor Accidents Cleanup and Disposal? _____

What parking is available for the dog walker? _____

Are there any rooms that are off limits to pets/people? _____

If necessary, does the dog walker have permission to use your restroom? ☐ Yes ☐ No

Are any appliances not useable or restricted? (ex. sink in guest room is broken, use master bathroom sink) ☐ Yes ☐ No

If yes, please specify:

Our company only offers a minimum 25–30 minute dog walks/visits per household and may exceed timespan due to cleaning accidents, completing home & pet care tasks, or providing extra companionship with the discretion of the Dog Walker's availability. We will do our best to maintain routine for your dog(s), however, we can not guarantee 100% punctuality as we service multiple families a day.

If flexible on time, please write timeframe of when Dog Walker can arrive. Company/Dog Walker will arrive to begin assignment during this timeframe

Day or Dates	Pick-Up Time Frame*
Ex) Mon, Wed, Fri	11am—2pm
Ex) Tues, Thur	8am—10am

In the event of inclement weather (high temp, thunderstorm, etc.), are dog(s) able to have indoor/backyard playtime?** ☐ Yes ☐ No

***If YES, Dog Walker will utilize remaining visitation time to play indoors or play in shaded yard. If marked NO, walks will be shortened and Client is responsible for full payment of service*

When pet(s) are left unsupervised, can pet(s) free roam, to be placed in a kennel, or placed in a specific area of the home? Please specify for each pet:

When dog walker is present, is/are pet(s) allowed on furniture? ☐ Yes ☐ No

DOG CARE INFORMATION

[illegible]

YOUR DOG'S PROFILE (Please complete this form for each dog in your household)

Dog's Name: _____

Veterinarian Preference: _____ Phone: () _____

Is your veterinarian aware that you will be using our dog-walking service? ☐ No, will notify ☐ Yes, have notified

If your vet is unavailable may we use another vet or emergency vet clinic? _____

How long have you had this dog _____

Does your dog have health insurance? _____

Does your dog allow you to brush and groom it? ☐ Yes ☐ No

Has your dog had obedience training? ☐ Yes ☐ No If yes, commands recognized: _____

Is the dog microchipped? If so, list chip company, phone # and ID # _____

How does dog react to your absence from home? _____

Does your dog have any hiding places? _____

Does your dog walk with a harness or any special collar? ☐ Yes ☐ No If yes, please describe. _____

How does your dog react toward children and adult strangers? _____

How does your dog react to other pets (ex., any in-house grumbling or fighting)? _____

Are you aware of any reason we should approach your dog with caution? _____

Does your dog have any contagious illness? _____

Has your dog ever bitten anyone, animal or human? _____

While walking your dog in your neighborhood, is there anything I should be aware of (ex., unconfined dangerous dogs, neighborhood issues, etc.)? _____

If multiple dogs, can dogs be walked together (with other dogs from same household)? ☐ Yes ☐ No

Can dog(s) be walked with other dogs (from different households)? ☐ Yes ☐ No

What is your dog's feeding schedule? ☐ Free Fed ☐ A.M. Only ☐ P.M. Only ☐ A.M. and P.M. ☐ Lunchtime ☐ 3+ per day

TERMS & CONDITIONS

The parties herein agree as follows:

1. This contract will take effect upon signature by both Client and Company/Dog Walker and will remain in effect until terminated by either party as provided below in Item 9. Drop In service will start _____. Client may request additional services via email/telephone/text at any time during the term of this contract, subject to Company/Dog Walker availability. All scheduled walks will be governed by all the terms of this contract. In the event a visit is not needed as Client & Company requested/scheduled, Client must notify Company/Dog Walker within 24+ Hours to avoid being charged for unnecessary visit(s). Failure to do so, Client will then be charged for the full service for that day.
2. Our 25–30 minutes Dog Walking services starts at \$30 per household. Additional fees can/will be applied for the following reasons: (a) an additional \$5 will be applied for every two additional pets with a household of more than 3 pets, (b) starting rate of \$5 for servicing outside service area [servicing areas: Spring Branch/Memorial & Heights/Rice Military], (c) holidays listed in item 10, (d) an additional \$10 will be applied per service for requests given less than 24 hours notice, (e) puppies 8 months or younger and/or seniors with incontinence.
3. In the event of inclement weather or natural disaster, Company/Dog Walker is entrusted to use best judgment in caring for pet(s) and home. Company/Dog Walker will notify Client via text/phone/email for any changes to Client's service/booking and Company/Dog Walker will be held harmless for consequences related to such decisions.
4. Company/Dog Walker agrees to provide the services stated in this contract in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, CLIENT EXPRESSLY WAIVES AND RELINQUISHES ANY AND ALL CLAIMS AGAINST COMPANY/DOG WALKER ARISING OUT OF OR RELATING TO THE PROVISION OF SERVICES HEREUNDER, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF COMPANY/DOG WALKER. SHOULD COMPANY/DOG WALKER OR ANY AUTHORIZED PERSON ACCOMPANYING COMPANY/DOG WALKER SUSTAIN ANY INJURY, DISEASE OR OTHER HARM IN THE COURSE OF PROVIDING SERVICES HEREUNDER, CLIENT WILL INDEMNIFY COMPANY/DOG WALKER AND HOLD IT HARMLESS WITH RESPECT TO ALL LOSS, EXPENSE AND DAMAGE CAUSED THEREBY, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF COMPANY/DOG WALKER.
5. Client acknowledges that payment is due immediately upon completion of a scheduled service period without further invoice or notice. A finance charge of 10% per month will be added to unpaid balances after 60 days. A handling fee of \$10 will be charged on all returned checks. An advance deposit may be required whenever warranted in the sole judgment of Company/Dog Walker. In the event it is necessary to initiate collection proceedings on the account, Client will be responsible for all attorney's fees and costs of collection.
6. In the event of personal emergency or illness of Company/Dog Walker, Client authorizes Company/Dog Walker to arrange for another qualified person to fulfill responsibilities as set forth on this contract. In such case, Company/Dog Walker will remain fully responsible for the proper discharge of all services under this Agreement. Every attempt will be made to notify client regarding such situation.
7. All dogs are to be currently vaccinated. Canine vaccines required are: (a) Rabies & (b) Distemper/Parvo/DHPP; optional/additional recommended vaccines are: (c) Leptospirosis, (d) Bordetella, & (e) Influenza—H3N8 & H3N2. Client must present written and signed note from pet(s)' veterinarian if pet is waived from receiving certain or all vaccines.
8. Company/Dog Walker and Client each may terminate this contract at any time by written notice to the other. Company/Dog Walker will be entitled to payment for all services rendered until notice of termination is received, and for any transition services reasonably required to provide for the health and welfare of Client's dog(s). Company/Dog Walker will not terminate during a period of scheduled service unless Company/Dog Walker determines, in his/her sole discretion that a danger exists to the health or safety of Company/Dog Walker. If Company/Dog Walker cannot perform daily visit, every attempt will be made to notify Client regarding such situation.
9. Client acknowledges that by signing below, he/she is providing written approval for the provision of services by Company/Dog Walker during any service period scheduled by Client and accepted by Company/Dog Walker. Upon such scheduling and acceptance, Company/Dog Walker will be authorized to enter Client premises and perform services without additional signed contracts or written authorization and to accept telephone/text/email reservations for future visits based on Company/Dog Walker's availability.
10. Holiday fee of \$15 per service will be applied to the following holidays: NYD (Jan 1), Easter Sunday, Memorial Day (last Monday in May), Independence Day (Jul 4), Labor Day (1st Monday in Sept) Thanksgiving day (4th Thursday in Nov), Veteran's Day (Nov 11), Christmas Eve (Dec 24), Christmas Day (Dec 25), NYE (Dec 31)

Please note: Due to a dog's excitement to see us, "door darting" may be attempted by a dog. We take every precaution to prevent this from occurring, but do require that all dogs under our care wear an I.D. tag (or collar) stating their name and your phone number.

I have reviewed this Service Contract in its entirety. The information provided by me is complete and accurate and I agree to all its terms and conditions as set out above.

Client Signature

Date

Company/Dog Walker Signature

Date

PERMISSION TO ADMINISTER MEDICATIONS & MEDICAL TREATMENT / EUTHANASIA AUTHORIZATION

(Addendum to Dog Walking Service Contract)

Veterinary Contact Information:

Clinic Name: _____ Phone Number: _____ Dr. _____

Clinic Name: _____ Phone Number: _____ Dr. _____

Clinic Name: _____ Phone Number: _____ Dr. _____

Emergency Hospital: _____ Phone Number: _____ Dr. _____

Check one of the following below:

☐ I, _____ (Client), agree that my pet(s) are healthy, but needs regular medication/treatments. My signature below authorizes Company/Dog Walker to administer medication and/or prescribed treatments to the following pet(s):

_____, _____, _____, _____, & _____.

Directions for administration of medication/treatments have been provided and I have notified my veterinarian that my dog walker will be administering this medication and/or treatments in my absence with my complete authorization.

Client Signature

Date

OR

☐ I, _____ (Client), agree that my pet(s) are all healthy and not in need of any medication/treatments.

Client Signature

Date

Veterinary Expense & Euthanasia Authorization:

The Company/Dog Walker is authorized to provide the care and services outlined in this contract. As the welfare of the pet is the highest priority, if a pet becomes ill or injured, the Dog Walker will make reasonable efforts to contact the Client first. If the Client cannot be reached, the Dog Walker is authorized to take reasonable steps to protect the pet's health and safety, including additional visits, consulting a veterinarian or emergency clinic, and approving recommended treatment (excluding euthanasia) up to a maximum cost of \$ _____. The Client agrees to be responsible for all veterinary and related expenses and to reimburse the Dog Walker for any costs incurred, including supplies or additional care. The Client releases the Company/Dog Walker from liability related to transportation, treatment, and expenses.

If the pet becomes so seriously ill or injured that humane euthanasia is necessary and the Client cannot be reached in time, the Client authorizes the following (check one):

☐ Dog Walker

☐ _____ (name of veterinary clinic)
to authorize humane euthanasia.