

Barks on the Boulevard Dog Walking Service Agreement

Interview Appt.: _____

CLIENT INFORMATION

Name: _____ Referred by: _____

Address: _____

Directions: _____

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: _____ E-mail: _____

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 dog(s) to be posted on dog-walking company's social media sites (Facebook, twitter, etc.)? Yes No

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

Name & Address: _____ Phone: () _____

Please note: the Home Care Information section below will be completed by the pet sitter at the initial consultation.

HOME CARE INFORMATION

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, \$_____ Left On Final Visit Returned By Mail Other_____ Garage Door Opener*

*We must have a house key if garage door opener is used for home access.

Is it possible others may be at the home when the dog walker arrives to the home (cleaning service, etc.)? If so, please list 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: _____

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 owner (Work Cell) Notify emergency contact

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

Additional Instructions/Comments: _____

DOG CARE INFORMATION

Dog's Name	Description (Color/Breed)	Dog's Birthday/Age	Sex S/N*	Personality (Fears/Phobias)	History of Illness/Biting	Current on Shots	Collar Color	Favorite Toys/Special Treats

S/N* — Spayed or Neutered

Dog's Name	Leash Color	Leash Description	OK to Give Treats?	Treat Location	Meds or Special Needs	Other Duties***

Leashing Requirements or Restrictions: _____

Pooper Scooping Disposal Instructions: _____

***Other Duties (Any additional requirements or tasks to be completed during assignment): _____

Day or Dates	Pick-Up Time Frame*	Length of Walk	Favorite or Suggested Walking Route**

* Approximate. Dog walker will arrive to begin assignment during this time frame.

**Route (Instructions for specific route or dog-walking area): _____

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 # _____

Is there a digital ID tag? If so, list company and Web site: _____

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; e.g., 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? _____

Does your dog have any physical conditions or problems I need to be alert to? _____

List any special attention these conditions or problems may require: _____

Is there anything your dog potentially dislikes/reacts to; e.g., males, long hair, thunderstorms, etc. _____

While walking on a leash, does your dog react to: Other Dogs Cats Squirrels Children Other _____

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

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

Is your dog allowed free run of home's interior or contained in room or crate? _____

At what external temperature (low/high) should dog not be walked? _____

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

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

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

What is your dog's feeding schedule? Free Fed A.M. Only P.M. Only A.M. and P.M. Fed

PLEASE NOTE: If anyone else has access to your home while dog-walking services are being provided, we, **Barks on the Boulevard aka Dog Walker**, 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.

TERMS & CONDITIONS

The parties herein agree as follows:

1. This contract will take effect upon signature by both Client and Dog Walker and will remain in effect until terminated by either party as provided below in Item 9. The **first** scheduled service period is from _____ through _____. Client may make telephone reservations for additional service at any time during the term of this contract, subject to Dog Walker availability. All scheduled walks will be governed by all the terms of this contract. In the event a daily dog walk is not needed as scheduled, Client must notify Dog Walker by _____ to avoid being charged for unnecessary visit(s).
2. The total number of walks expected during the first scheduled service period is _____ at _____. Other assessed fees for the first scheduled service period are \$_____. TOTAL FEE expected for the first service period is \$_____. To the extent additional walks are requested or approved by client, or otherwise authorized under this Agreement, such additional visits will be charged at the same per visit rate set out above.
3. Dog Walker is authorized to perform care and services as outlined on this contract. Both Dog Walker and Client recognize that the welfare of the animal is the highest priority. If in Dog Walker's judgment additional services become necessary during the service period to properly care for the animal, Dog Walker will first make reasonable attempts to contact Client. If Client cannot be contacted for whatever reason, Dog Walker is authorized to undertake such additional steps as may in the reasonable judgment of the Dog Walker be necessary or appropriate for the health and welfare of the animal, including but not limited to (a) additional visits by Dog Walker to provide care for the animal; (b) consultation with Client's Veterinarian listed above, or with an emergency veterinary care provider should Client's Veterinarian be unavailable; (c) authorizing care and treatment as recommended by Client's Veterinarian or an emergency veterinary care provider (excluding euthanasia) up to a maximum cost of \$_____; and (d) such other steps as may in the reasonable judgment of Dog Walker be necessary or appropriate for the health and welfare of the animal. Client agrees to be responsible for all fees and expenses incurred for care and treatment of the animal pursuant to this paragraph, and releases and holds Dog Walker harmless from all liabilities related to transportation, treatment and expense. Client agrees to reimburse Dog Walker/Company for any expense incurred, plus any additional fees for attending to animal's needs or any expenses incurred for any other home/food/supplies needed.
4. In the event of inclement weather or natural disaster, Dog Walker is entrusted to use best judgment in caring for pet(s) and home. Dog Walker/Company will be held harmless for consequences related to such decisions.
5. 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 DOG WALKER/COMPANY ARISING OUT OF OR RELATING TO THE PROVISION OF SERVICES HEREUNDER, EXCEPT THOSE ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT ON THE PART OF DOG WALKER /COMPANY. SHOULD DOG WALKER OR ANY AUTHORIZED PERSON ACCOMPANYING DOG WALKER SUSTAIN ANY INJURY, DISEASE OR OTHER HARM IN THE COURSE OF PROVIDING SERVICES HEREUNDER, CLIENT WILL INDEMNIFY DOG WALKER/COMPANY 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 DOG WALKER/COMPANY.
6. **Client acknowledges that payment is due prior to a scheduled service period.** A handling fee of \$ 20.00 will be charged on all returned checks. An advance deposit may be required whenever warranted in the sole judgment of 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.
7. In the event of personal emergency or illness of Dog Walker, Client authorizes Dog Walker to arrange for another qualified person to fulfill responsibilities as set forth on this contract. In such case, 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.
8. All dogs are to be currently vaccinated.

TERMS & CONDITIONS (continued)

9. Dog Walker and Client each may terminate this contract at any time by written notice to the other. 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). Dog Walker will not terminate during a period of scheduled service unless Dog Walker determines, in his/her sole discretion that a danger exists to the health or safety of Dog Walker. If Dog Walker cannot perform daily visit, every attempt will be made to notify Client regarding such situation.
10. Client acknowledges that by signing below, he/she is providing written approval for the provision of services by Dog Walker during any service period scheduled by Client and accepted by Dog Walker. Upon such scheduling and acceptance, Dog Walker/Company will be authorized to enter Client premises and perform services without additional signed contracts or written authorization and to accept telephone reservations for future visits.

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

Dog Walker Signature

Date

PERMISSION TO ADMINISTER MEDICATIONS

(Addendum to Dog-Walking Service Contract)

My signature below authorizes dog walker,

_____ ,

to administer medication and/or prescribed treatments to my dog(s)

_____, _____,

_____, _____,

for the period of _____ through _____.

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

Client Signature

Date

Veterinarian Signature

Date

Rx Notes and Instructions:

