

JK Pet Services

Dog Walking Agreement

Owner & Dog Details, Walk Requirements & Consents

Owner Details	
Name:	
Address:	
Contact No:	
Email:	
Emergency Contact Name, Address & Contact No:	

Dog's Details	
Name:	
D.O.B:	
Sex:	
Breed:	
Colour:	
Neutered/Spayed:	Yes No (please circle)
Microchipped:	Yes No (please circle)
Microchip details up to date:	Yes No (please circle)
Pet ID Tag:	Yes No (please circle)
Pet ID Tag details up to date:	Yes No (please circle)
Vaccinations up to date:	Yes No (please circle)
Flea & worm treatment up to date:	Yes No (please circle)
Is your dog insured?	Yes No (please circle)

Walk Days/Times Required	
Days Required*	M Tu W Th F (please circle)
Morning or Afternoon	Morning, Afternoon (please circle)
Duration	30 min, 45 min, 60 min (please circle)

*If you require a walk on a weekend or bank holiday, please message/email me with your requirements and I will let you know my availability. Please note, there is a double charge for weekend and bank holiday walks. An additional surcharge applies for out of hours requests.

Consents			
I consent to JK Pet Services walking my dog off lead	Yes	No	(please circle)
I consent to JK Pet Services taking photos of my dog and photos of my dog being published on JK Pet Services' social media	Yes	No	(please circle)
I consent to providing JK Pet Services with keys to my property for the duration of the Dog Walking Agreement	Yes	No	(please circle)
I agree to make prompt payment via bank transfer to JK Pet Services on receipt of my invoice each calendar month	Yes	No	(please circle)
I understand that failure to make prompt payment may result in the Dog Walking Agreement being terminated	Yes	No	(please circle)

By signing below, I agree to JK Pet Services Terms and Conditions: Dog Walking (including Puppy Walks) which have been provided to me. In addition, I confirm that the above information is true and correct to the best of my knowledge.

Client Name: Client Signature:

Date:

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Veterinary Information & Consent

Veterinary Information	
Dog's Name:	
Owner's Name & Address:	
Veterinary Practice Name:	
Veterinary Practice Address:	
Veterinary Practice Contact No:	

To the Veterinary Surgery: During my absence, JK Pet Services will be caring for my dog(s) and has my permission to transport them to your surgery for treatment in an emergency situation. I authorise you to treat my dog(s) in my absence (excluding euthanasia) and I will be responsible for payment of any treatment carried out. I understand that JK Pet Services assumes no responsibility for the loss or death of my dog(s) and is released from all liability related to transportation, treatment and expenses.

CLIENT DECLARATION AND SIGNATURE

I HEREBY CONFIRM THAT I AM THE OWNER OF THE ABOVENAMED DOG(S) AND THAT I AUTHORISE THE FOLLOWING SERVICE PROVIDER:

JK PET SERVICES

TO ACT AS GUARDIAN DURING MY ABSENCE AND TO TAKE ANY ACTION WHICH THEY CONSIDER SUITABLE IN ORDER TO PROTECT AND KEEP IN GOOD HEALTH, THE ABOVE-NAMED DOG(S). I FURTHER CONFIRM THAT I WILL BE RESPONSIBLE FOR ANY COSTS WHICH MIGHT BE INCURRED, EITHER VETERINARY OR OTHER, AS A RESULT OF ANY SICKNESS, ACCIDENT OR DAMAGE CAUSED TO OR BY THE ABOVE-NAMED DOG(S), EXCEPT THIRD PARTY LIABILITY, AND THAT I WILL PAY ANY SUCH COSTS OR EXPENSES ON DEMAND. I ALSO UNDERSTAND THAT NO LIABILITY WILL ATTACH TO THE ABOVE-MENTIONED DOG WALKER/PET SITTER AND BY SIGNING THIS DECLARATION I AGREE TO THE TERMS AND CONDITIONS OF JK PET SERVICES.

Client Name: Client Signature:

JK Pet Services Signature: Date:

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Useful Information

Useful/Good To Know Information	Comments
Does your dog have any health/medical conditions? Are they on any medication? Do you need me to give any medication to your dog before/after a walk?	
Does your dog have any special dietary requirements? (for treat/reward purposes)	
Does your dog socialise well with other dogs? Is your dog anxious, nervous, reactive around other dogs?	
Does your dog have any triggers? (eg. cats, squirrels, livestock, children, certain toys)	
Does your dog have good recall?	
Does your dog travel well in the car?	
Does your dog have any behaviour concerns or training needs? (if you are working with a qualified animal behaviourist, I will be happy to reinforce any training needs whilst on walks as per your guidance)	
Does your dog require feeding after a walk? (If yes, please provide details)	
Is your dog used to being left home alone?	
Please give details of any other information which would be useful for me to know regarding your dog	