

Dog Walking/Cat Care Service Agreement



Sky's Dog Walking & Cat Care

Contact: Sky Parker
Phone: 206-556-9361
Email: skysdogwalkingWA@gmail.com

Date:	File Number:
Phone Number:	Pet Name(s):

Owner Information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

Emergency Contact: _____ Emergency #: _____

Time of visit for each day:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
T I M E							

This agreement is effective from _____ to _____ and is between Sky's Dog Walking & Cat Care and _____ (hereinafter referred to as "client") who resides at

_____.

This agreement constitutes permission to enter above address and perform duties as stated in the Client and Dog Information Sheet.

Any changes to this agreement must be done so in writing or they will be null and void. Sky's Dog Walking & Cat Care has the right to make any changes to this agreement at will and without notice. With any changes, a new agreement will be presented before any new services are rendered.

Services/Rates: Dog Walking at \$_____ per walk Cat Care Visit at \$_____ per visit

Additional Services: _____

Key Release: Left on final visit _____ Kept by walker for future use _____

By signing below the client fully understands and agrees to the contents of this agreement:

Name: _____

Client's signature

Date: _____

Date

Pet Information:

Pet Name: _____ Male / Female Spayed / Neutered

Microchip: Yes No Chip Number: _____ Breed: _____

Pet Name: _____ Male / Female Spayed / Neutered

Microchip: Yes No Chip Number: _____ Breed: _____

Pet Name: _____ Male / Female Spayed / Neutered

Microchip: Yes No Chip Number: _____ Breed: _____

Feeding Time: _____ Treats: _____

Feeding Instructions _____

Any medical/health concerns (Must fill out Medication Permission slip if administering meds):

Favorite Toys/Games:

Precautions (other dogs, people, scared of):

Anything else we should know:

Security System:

Company Name: _____ Code: _____

Phone Number: _____ Password: _____

Arming Instructions: _____ Disarming Instructions: _____

Door Entering (must be near alarm): _____

Will you have any one else on your property (relatives, friends, house cleaner, etc):

Who: _____ When: _____

Policies and Procedures

The client hereto agrees as follows:

1) Liability Policy:

- ❖ Sky's Dog Walking & Cat Care and employees agree to provide services stated in this contract in a reliable and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives any and all claims against Sky's Dog Walking & Cat Care or its employees, unless arising from gross negligence on the part of Sky's Dog Walking & Cat Care.
- ❖ Sky's Dog Walking & Cat Care cannot be held responsible for dogs that cause damage to furniture, carpet, flooring/woodwork, walls, etc. while walker is not present.
- ❖ Sky's Dog Walking & Cat Care cannot be responsible for dogs that bite, suffer an accidental death or escape from faulty fencing or from inside the home due to faulty screens, doors, etc.
- ❖ Sky's Dog Walking & Cat Care cannot be responsible for any complications dogs may suffer or actions of dogs while they are unattended.
- ❖ Sky's Dog Walking & Cat Care or its employees shall not be held responsible for the loss, injury, death, or actions of any dog that the client has let outside or has instructed the walker to allow outside while walker is not present. This includes dogs with doggie doors and outdoor dogs.
- ❖ The client understands that all dogs must have a veterinarian and must be up to date on the rabies vaccination. Client agrees to reimburse Sky's Dog Walking & Cat Care for all costs (including, but not limited to, medical care and lost wages) associated with contracting any ailments while exposed to dog(s).
- ❖ Sky's Dog Walking & Cat Care does not accept aggressive dogs. Client agrees to be responsible for all costs (including, but not limited to, medical care, attorney fees, etc) if client's dog should bite another person or animal.
- ❖ Sky's Dog Walking & Cat Care will not walk unruly or untrained dogs or dogs that choke themselves on their leash. All dogs must be walked on a leash, no exceptions.
- ❖ Sky's Dog Walking & Cat Care does not diagnose, prognose, or make therapy decisions, nor does it offer veterinary services. Any veterinary/medical concerns will be referred to a veterinarian.
- ❖ Sky's Dog Walking & Cat Care will not be responsible for any keys the client has asked to be mailed.
- ❖ Client is responsible for making arrangements for snow removal. Visits may not be made in snow covered driveways and/or walkways because of safety concerns.

2) Cancellation Policy: Cancellations must be received within 24 hours of scheduled visit in order to be credited for the daily walk fee. Sky's Dog Walking & Cat Care reserves the right to deny service or terminate service because of safety concerns, financial concerns, or inappropriate or uncomfortable situations.

3) Business Hours: Business and visiting hours fall between the hours of 8 a.m. and 5 p.m. and services are usually completed during this time unless we are behind schedule. Sky's Dog Walking & Cat Care will not accept time specific calls as we can not guarantee specific times accurately. A two hour window is acceptable.

4) Bad Check Policy: A \$30 fee is assessed on all returned checks. All fees are due promptly and must be paid via cash or money order only.

5) Emergencies:

- ❖ Client agrees to authorize Sky's Dog Walking & Cat Care to handle any emergencies that may arise. Sky's Dog Walking & Cat Care will make every effort to contact client. In the event client cannot be contacted, client authorizes Sky's Dog Walking & Cat Care to use their best judgment and to be available at an hourly rate of \$30 to oversee the circumstances.
- ❖ Sky's Dog Walking & Cat Care requires you to have a responsible party to take care of your dog(s) in the event of unforeseen circumstances such as illness and in the event of inclement weather or a natural disaster. It is best your emergency contact is a neighbor so they can reach your home. Sky's Dog Walking & Cat Care is not responsible for dogs in these circumstances.

6) Payment Arrangement: Payment is expected before services are rendered. In the event of additional unforeseen visits or other costs (such as food, supplies, or vet fees), payment is expected within 5 days of the completion of services or a late charge of \$20 will be applied monthly.

By signing below the client fully understands and agrees to the contents of this agreement:

Name: _____

Date: _____

Veterinarian Release

Sky's Dog Walking & Cat Care

Contact: Sky Parker
Phone: 206-556-9361
Email: skysdogwalkingWA@gmail.com



Date:	File Number:
Owner's Name:	Owner's Phone Number:

Pet Information

Pet Breeds: _____

Pet's Names: _____

Birth Dates: _____

Known medical conditions: _____

Veterinarian Information

Veterinarian: _____

Address: _____

Phone: _____

During my absence, Sky's Dog Walking & Cat Care will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Sky's Dog Walking & Cat Care permission to transport my dog/cat(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Sky's Dog Walking & Cat Care to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to Sky's Dog Walking & Cat Care to approve treatment up to \$_____ (input maximum dollar amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree that Sky's Dog Walking & Cat Care is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release is signed.

Payment Information on file for Veterinarian:

I will leave credit card # with vet The vet office will bill me

Client's Signature

Date
