**Client Details**

|  |  |
| --- | --- |
| **Name :**  | **Address: :**  |
| **Tel No:**  | **Email:**  |

**First Dog Details**

|  |  |
| --- | --- |
| **Name:**  | **Age:**  |
| **Breed:**  | **Gender:**  |
| **Is your dog fully vaccinated: :**  | **Is your dog neutered:** |
| **Does your dog have any medical issues? if yes please list below.** |
| **Does your dog have any behaviour issues e.g. reactivity or bite history?** *Please detail below and state if you are currently working with a trainer to help resolve these issues.* |

**Second Dog Details**

|  |  |
| --- | --- |
| **Name:**  | **Age:**  |
| **Breed:**  | **Gender:**  |
| **Is your dog fully vaccinated: :**  | **Is your dog neutered:** |
| **Does your dog have any medical issues? if yes please list below.** |
| **Does your dog have any behaviour issues e.g. reactivity or bite history?** *Please detail below and state if you are currently working with a trainer to help resolve these issues.* |
| **Emergency contact details:** |  |
| **Vets name and contact details:**  |  |

**Dogs Collar’s have ID tags Yes No**

**Please confirm if you require 1hr or 30 mins**

**Do you consent to off lead exercise Yes No**

**Days of the week you require your dog/dogs walked**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

1. I agree to provide keys/arrange for keys to be available for Grace Walsh of Rayleigh Canine Dog Walking, for the dog walking appointment
2. I authorise Rayleigh Canine Dog Walking to obtain any emergency veterinary care that may be necessary during the time spent with my dog(s). I understand that every effort will be made to contact me prior to obtaining emergency care. I accept responsibility for any charges related to this emergency care. I also authorise Rayleigh Canine Dog Walking to use an alternative veterinarian if my regular veterinarian is unavailable.
3. I agree to reimburse Rayleigh Canine Dog Walking for any additional fees for providing emergency care, as well as any expenses incurred for any unexpected visits, transportation, housing, food or supplies.
4. I will be responsible for any medical expenses and damages resulting from an injury to the dog walker or other persons by my dog(s)
5. If my dog is female. I will notify Rayleigh Canine Dog Walking when my dog is in season. During these times I understand that my dog will be walked alone for safety purposes and that this will incur a single dog walking fee.
6. I agree to notify Rayleigh Canine Dog Walking of any concerns/complaints within 24hrs of any appointment
7. I realise I must give a minimum of 24 hrs notice to cancel any appointments or the full amount for the walk will be payable,
8. I will settle payments due, in advance for all walks booked weekly/monthly.

I have read and agree to the terms and conditions set out above.

**Signature … Date …**