



Happy Hounds Dog Walking Agreement Form

Date..... Name Telephone Number

Mobile Number Email Address

Address

Second Contact Name Telephone Number

Keys Given

Date of Return

Dog Name
Age
Breed
Sex
Spayed/Neutered.....

Dog Name
Age
Breed
Sex
Spayed/Neutered.....

Dog Name
Age
Breed
Sex
Spayed/Neutered.....

Visiting Times and Dates

- How long would you like your dog walked for? **30 mins** **1 hour**
- Type of walk **Group** **Individual**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Additional Notes:

Doggy Details

- Where do you keep your lead?
- What room does the dog stay in?
- Can the dog be let off the lead during their walk?
- How does the dog walk off the lead?
- How does the dog react to people and children?
- How does the dog interact with other dogs?
- How does the dog react to livestock/cats ect?
- Is the dog allowed treats?
- Does the dog have any favourite toy or games?
- Is the dog allowed in water?
- How does the dog react to water?
- Does the dog have a favoured walk route?
- Can the dog be transported in the car?
- How does the dog act in the car?
- Does the dog respond to commands?
- Does your dog wear a collar with a tag?
- Has your dog shown any signs of aggression?

Important Information

Emergency Contact One:

Telephone Number:

Emergency Contact Two:

Telephone Number:

Insurance Provider:

Is the dog chipped?

When was your dogs last vaccination?:

Medical History:

Currently taking any medication(s)?:

Any restrictions on dogs activity?:

Allergies:

Payment Cost:

How will you be making payment:

Cash

Bank Transfer

When will payment be made?

Per Day

Weekly

Monthly

Will a key be given today?

Would you like the key to be posted or dropped back?

Veterinary Authorisation Details

Vets Name:
Address:
Telephone Number:

To the Veterinary Surgery:
During my absence Happy Hounds will be caring for my dog(s) and has permission to transport them to your surgery for treatment. I authorise you to treat my dog(s) and I as the dog(s) owner will be responsible for payment to you not Happy Hounds

I hereby give HAPPY HOUNDS permission to transport my dog to the above mentioned veterinary surgeon, and make any decisions on treatments they feel need to be carried out without my permission. I understand that HAPPY HOUNDS assumes no responsibility for the loss of the dog(s) and is released from all liability related to transportation, treatment and expense. This will all be paid for by me the dog owner.

Client Name Client Signature Date

DOGS WHICH ARE ALLOWED OFF THE LEAD ONLY

I agree that I allow my dog to be let off the lead. I do not hold HAPPY HOUNDS responsible if my dog is lost or stolen, or if he/she in-dangers itself if they run away. I understand that HAPPY HOUNDS will not be responsible.

Client Name Client Signature Date

The information I have given in this application is true, correct and complete to the best of my knowledge. I have read and agree to abide by the terms and conditions received from HAPPY HOUNDS. I understand that this form acts as permission to hold keys to my property which I have provided willingly. I hereby indemnify HAPPY HOUNDS and their staff against any liability of any kind whatsoever arising from damage, loss, disappearance, injury or death to a pet either inside or outside of the home whilst in their care (also includes to any property). I also give HAPPY HOUNDS permission to transport my pet.

I agree that I will make payment for all services provided at the end of each week unless agreed otherwise by HAPPY HOUNDS.

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