

sMARTs Walkies Dog Walking Agreement Form

Working with you to provide the care your dog deserves

Name _____ Address _____ Mobile _____ Email _____

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

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Visiting Times

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Any other information (e.g. Feeding/medication etc)

Dog Information

Does your dog have a collar? _____

Does your dog have any treats or toys? _____

Precautions (other animals, people) _____

Are there any limitations for your dogs inside or outside?

VETERINARY AUTHORISATION DETAILS

Vet's Name _____

Address _____

Mobile/Email _____

I hereby give sMARTs Walkies permission to transport my dog(s) to the above mentioned veterinary surgeon. I understand that sMARTs Walkies assumes no responsibility for the loss of the dog(s) and is released from all liability to transportation, treatment and expense.

Owner signature _____

To the Veterinary Surgery:

During my absence sMARTs Walkies will be caring for my dog(s) And has my permission to transport them to your surgery for treatment. I authorise you to treat my dog(s) and will be responsible for payment either before my departure or on my return. Please file this form with my records.

Vet signature _____

Please provide three copies, one for each party.

sMARTs Walkies Dog Walking Agreement Form CONTINUED...

Dogs Details

 Is the dog(s) aggressive with other dogs? Yes/No

 Can the dog(s) be aggressive with people? Yes/No

 Is the dog allowed to play with sticks? Yes/No

 Does the dog(s) attack livestock/cat etc? Yes/No

 Is the dog(s) allowed treats? Yes/No

 Does your dog have any favourite toys/games? _____

IMPORTANT INFORMATION

 Emergency Contact _____

 Insurance details _____

 Microchip details _____

 Vaccinations _____

 Medical history _____

 Vet details _____

Please note that your dog may be accompanied by dogs (never more than 4 in total) from other owners while walking. Please indicate whether this is acceptable or not.

I hereby confirm that I am the owner of the above named dog(s) and that I authorise the sMARTs Walkies to act as guardian during my absence and to take any action which he/she considers suitable in order to protect and keep in good health the above named dog(s). I do 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 sMARTs Walkies and by signing the declaration. I agree to the terms and conditions of sMARTs Walkies.

Signature..... Date.....

Security Details
I (the Owner) release my house key(s) to **sMARTs Walkies** for the duration of the contract. I may revoke this release at any time and expect my keys to be returned to me immediately upon such revocation.

OR
I will be at home at the time of service and have no need for my keys to be held.

Off Lead Permission

I do/do not give my full consent for my dog(s) to be walked off their lead.