



10 Chaucer Road, Sittingbourne Kent. ME10 1EZ

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## DOG WALKING DETAILS

OWNER DETAILS		
Title:	Full name:	Email:
Address:		
Town:	County:	Postcode:
Telephone:	Mobile:	Other:
<b>ROUTINES: For dog owners only</b>		
Dog name:	Breed:	Colour:
Dog name:	Breed:	Colour:
Dog name:	Breed:	Colour:
Does your dog pull on the lead? Y/N	I agree to my dog being let off the lead? Y/N	My dog jumps up at people. Y/N
My dog travels well. Y/N	My dog barks a lot. Y/N	My dog shows aggression. Y/N
My dog chases bikes/cars. Y/N	My dog is good with children. Y/N	My dog likes to play fetch. Y/N
Has your dog got any health problems? Y/N	If yes, please explain:	Medication?
Is your pet insured? Y/N	Micro-chip no.:	
Name of Vets:	Telephone:	
Address:	Post code:	
<b>Emergency contact</b>		
Name:	Mobile:	Tel:
Address:		
Can this person make decisions regarding your pet? Y/N	If not who?	More details:
<p>I understand that whilst every care will be given to my pet/s &amp; home they are looked after entirely at my own risk.</p> <p>I authorise you to call a Veterinary Surgeon on my behalf and at my expense should it be necessary.</p> <p>Please let your Vet know that you have authorised this.</p>		
I agree with the above Y/N		
Signed:	Date:	Print name:

### Pals with Tails Dog Walking Terms and Conditions

1. Owner is responsible for payment of veterinary fees incurred and any damage.
2. Our cancellation policy is as follows: If you cancel before 5.00 pm on the day before your walk there is no charge. After that the full fee is due. If you cancel on a regular basis Pals with Tails has the right to cancel the contract.
3. Walks are for 60mins.
4. Public/bank holidays are charged extra.
5. Hours of business are 9.00 am until 5.00 pm unless boarding.
6. Introductory meeting is free of charge but there after collection of key and return of keys or collection of money not left will be charged as an additional visit.
7. Payment is to be left weekly to be taken on the last day of dog walking by cash unless agreed otherwise.
8. We agree to try and contact you or your next of kin in an emergency.  
If not, we reserve the right to act on your behalf and with a veterinary surgeons advice.
9. I understand that I leave my pet/s and home with Pals with Tails at my own risk.
10. I agree to these terms for each booking made and will let Pals with Tails know of any changes.
11. I have read and I/we agree with all of the details of the above and registration/booking form.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

We will keep this information in your file. Any changes to your details, please let us know, otherwise we will take this as your true details. Please let us know of any changes. Any details given will not be shared with any third parties.