

Agreement for Dog Walking Services

This signed document is an agreement (the "Agreement") between Adventure Pawtrol Dog Excursions ("Adventure Pawtrol") and _____ ("Client") (collectively, the "Parties") for dog walking services, or such other services as agreed to by the Parties, to be provided by Adventure Pawtrol under the terms and provisions outlined below, as well as in the Client Profile, and the Veterinary Treatment Authorization which shall become a part of this Agreement.

1. **Authorization.** Client authorizes Adventure Pawtrol to have Adventure Pawtrol dog walkers perform the services as outlined in this Agreement. This signed Agreement gives Adventure Pawtrol authorization to enter the Client's home as listed on the Client Profile (the "Premises") as needed to perform dog walking services. Client authorizes this Agreement to be valid approval for services so as to permit Adventure Pawtrol dog walkers to enter the Premises without additional signed agreements or written authorizations.
2. **Services.** Adventure Pawtrol will provide the services requested in this Agreement and as agreed to in an attentive, reliable and caring manner. Client agrees to notify Adventure Pawtrol of any concerns within 12 hours of the service during which the concern arose. Adventure Pawtrol reserves the right to walk other compatible dogs at the same time, unless a private walk is arranged, but will limit the number of other dogs walked to five in total. Client shall select the desired services as part of the Client Profile. Arrangement of services can be agreed to on a weekly basis and adjusted based on the needs of Client and the availability of Adventure Pawtrol, with at least 24 hours advance notice. Client understands and agrees that the service includes any additional time required by Adventure Pawtrol to prepare Client's dog(s) for the walk or clean Client's dog(s) when the service ends. This includes routines such as placing clothing, booties or other outdoor wear on Client's dog, cleaning and any other requests.
3. **Requirements.** All dogs walked by Adventure Pawtrol are required to be: (i) equipped with a secure collar with a flat buckle or martingale that is non-slip and fits properly; (ii) fully vaccinated with current paperwork; (iii) and equipped with all necessary identification tags. If Client chooses to forego town registration, Adventure Pawtrol will not be responsible for any fees and/or tickets associated with a non-registered dog. Further, Adventure Pawtrol will obtain a copy of the key to the Premises in order to provide the services. Keys will be returned in person within seven days of termination of Agreement.
4. **Compensation.** Payment for services is requested bi-weekly to Adventure Pawtrol (Client will be notified with an invoice via email). Cheques made out to Adventure Pawtrol, cash and email money transfer are accepted at this time. Adventure Pawtrol reserves the right to increase fees on notice to Client.
5. **Cancellations.** A minimum of 12 hours cancellation notice is required. Cancellations with less than 12 hours of notice will be charged a \$10 cancellation fee for dog walks or potty breaks and a \$20 fee for pet sitting. If Adventure Pawtrol arrives to provide services on an arranged day and the dog is not on the Premises, the full price of the service will be charged.

6. Inclement Weather or Emergency. In the event of inclement weather or emergency, Client authorizes Adventure Pawtrol to use its judgement for the care and well-being of Client's dog(s) and/or Premises.
7. Emergency Veterinary Care. In the event of an emergency, Adventure Pawtrol shall contact Client at the numbers provided to confirm Client's choice of action. If Client cannot be reached immediately, Client authorizes Adventure Pawtrol to obtain any emergency veterinary care that may be necessary. Client accepts responsibility for any charges related to this emergency care. Client also authorizes Adventure Pawtrol to utilize an alternative veterinarian in the event Client's primary veterinarian is unavailable.
8. Release. Client hereby acknowledges that he/she voluntarily agrees to pay for dog walking services and socialization of Client's dog(s) as outlined in the Client Profile and understands that the services involve risks of injury to the Adventure Pawtrol dog walker, other people, Client's dog(s), and other animals, which risks are entirely the Client's responsibility. By signing this Agreement, Client hereby full and forever releases and discharges Nicole Lawrence, operating as Adventure Pawtrol Dog Excursions in Tottenham Ontario, and any of Adventure Pawtrol's assigns or agents, from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be know or unknown, anticipated or unanticipated, resulting from or arising out of such services and socialization. Client acknowledges that he/she is responsible for any and all medical expenses and damages resulting from an injury to a Adventure Pawtrol dog walker or another person or animal caused by Client's dog(s).
9. Unsecured Pets. Adventure Pawtrol will not be liable for the injury, disappearance, death, or fines of any dog(s) with unsupervised access to the outdoors. Further, Client agrees and understands that it is Client's sole responsibility to "pet-proof" any areas of the Premises to which the dog(s) has access. Adventure Pawtrol does not assume responsibility and has no liability for any injuries the dog(s) may sustain or property damage the pet may cause while on the Premises.
10. Photography. Client agrees that Adventure Pawtrol may photograph or video Client's dog(s) and use these photos/recordings for marketing and promotional purposes without any liability or obligation to Client.
11. Security. Adventure Pawtrol warrants to keep safe and confidential all keys, remote control entry devices, access codes and personal information of the Client and to return same to the Client at the end of the Agreement period or immediately upon demand.

Client

Adventure Pawtrol Dog Excursions

Signature: _____

Signature: _____

Print Name: _____

Nicole Lawrence, Owner and Operator

Date: _____

Date: _____

CLIENT PROFILE

A. CLIENT INFORMATION

Name (including Spouse/Partner if applicable) _____

Address: _____

Email Address: _____

Phones: Home _____ Mobile _____ Work _____

Mobile (spouse/partner) _____ Work (spouse/partner) _____

Are text/picture messages acceptable from Adventure Pawtrol for pet updates? Yes No

How did you find out about us? _____

Service(s) requested (please check appropriate box):

- Trail hiking excursion with pack
- Trail hiking excursion private
- Potty Breaks (15-20 minutes)
- Pet Sitting (includes up to 2 dogs per house hold, 4 visits, feeding, water refresh, administering required medications)

EMERGENCY CONTACT

Name/Relationship: _____

Phone Number: _____

B. PET INFORMATION (for multiple pets, complete one per pet)

Pet Name: _____ Pet License # _____

Rabies vaccination # _____ Sex (please circle one): Male / Female

Spayed or Neutered (please circle one): Yes / No

Color: _____ Distinctive markings: _____

Breed: _____ Date of birth: _____ Weight: _____

Pets collar colour: _____ Can your dog be walked OFF leash? Yes No

How do you describe your pet's personality (circle any that apply and elaborate)?
Friendly, Easy-going, Lazy, Excitable, Stubborn, Shy, Other _____

Behaviour toward strangers (circle any that apply and elaborate)?
Excited, Friendly, Cautious, Stressed, Scared, Defensive, Aggressive, Indifferent, Other _____

Has your pet ever snapped at, bitten, or acted aggressively toward a person? Yes No
If yes, please explain: _____

Is your pet good with children? Yes No

Does your pet have a history of biting or fighting with other animals? Yes No

Are you aware of any reason we should approach your pet with caution?

How does your pet react to your absence from home?

May we give your pet treats? Yes No Yes, but only this kind _____

Medications:

Name of Medication:	When to Administer:	Amount:	How to Administer:

Rabies shot good through ___ / ___ / ___ DHLPP (Distemper) good through ___ / ___ / ___

History of illness? Yes No (If yes, explain):

Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence and we are unable to contact you at the time. Should you change veterinarians, please notify Adventure Pawtrol immediately. Your signature is required to authorize treatment.

Client Name: _____

Address: _____

Phone: _____

To whom it may concern: I have contracted for services from Adventure Pawtrol during my absence. I authorize Adventure Pawtrol to transport my pets to my veterinarian (or to an emergency clinic) and, on my behalf, to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts for each pet:

Pet Name - Description - Maximum Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If multiple pets require treatment, do not exceed a combined total of \$_____.

Adventure Pawtrol reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Primary Veterinary Clinic: _____

Address: _____ City: _____

Phone: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that Adventure Pawtrol assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I have made advance arrangements with your office to pay all charges and fees that are incurred on my behalf, immediately upon my return.

Client Signature

___/___/___
Date

Print name