

Trusting Paws

Dog Walking and Care

Dog Walking and Care Booking and Contract Form

Owner Information

Name: _____

Address: _____

Post Code: _____

Home Phone: _____

Mobile Phone: _____

Alternate Contact: _____

E-Mail Address: _____

Dog Information

Name(s): _____

Breed: _____

Sex (circle) F or M

Spayed/Neutered (circle) Y or N

Is your dog micro-chipped (circle) Y or N

Consent to walk off lead? (circle) Y or N

Is your dog insured? (circle) Y or N

Allowed treats? (circle) Y or N

Age: _____

Vet Name: _____

Vet Address: _____

Vet Phone Number: _____

Is your dog social? If so, how do they play and interact with the other dogs?

Has your dog ever acted aggressive towards another dog or person? If yes, please explain

Is your dog toy or food possessive? If yes, please explain.

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Any medical conditions we need to know regarding your dog?

Are there specific commands that you wish us to use and that your dog responds to positively? Please list.

Please list any meds and/or feeding times you want us to follow.

If Trusting Paws are picking up and dropping off your dog are there any special instructions regarding; key allocation, alarm code set or disarm, heating, television, etc.

Any additional details required to enable us to take the best care of your dog?

I certify that I have read and understand the terms and condition set forth herein and fully available on the Trusting Paws website (printed copy available on request). I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement and confirm the truthfulness of the contents of the booking and contract form.

PRINT NAME OF OWNER: _____

SIGNATURE OF OWNER: _____ DATE: _____