



Dog walking Agreement form

Owners Details

Name Phone

Address

Emergency contact

Dog Details

Name Age Sex

Spayed / Castrated Is the dog socialised with other dogs? Is the dog socialised with people?

Does the dog walk happily on the lead? Is the dog house trained? Puppy pads?

Can the dog have treats? What type Does your dog have good recall?

Please give details of fears / anxieties etc

Vet name phone

Address

Medical issues?

To the Veterinary Surgery.
 During my absence, Brushtails London dog walking service 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 to you either before my departure or on my return.
 I hereby give Brushtails London dog walking service permission to transport my dog(s) to the above mentioned veterinary surgeon. I understand that Brushtails London dog walking service assumes no responsibility for the loss of the dog(s) and is released from all liability related to transportation, treatment and expense.

Signed (owner) Date

Brushtails London walk all dogs on lead. If you require me to let your dog off lead for exercise, please sign and date the agreement below..

I would like Brushtails London dog walking service to exercise my dog OFF LEAD. I understand that whilst every precaution will be taken to ensure the safety of my dog, Brushtails London have limited liability for his/her safety during this time. I confirm that my dogs recall is good and that he/she will come back to the walker when called.

Signed (owner) Date

Dog walking Schedule

Day / Date	Pick up time	Drop off time	Hours charged	Total £	Notes
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Notes