



Client's Name: _____

Text: (310) 463-2627 (In Case of an Emergency Please Call)

Email: woofpurrla@gmail.com • Website: www.woofpurr.LA

DOG WALKING SERVICE AGREEMENT

• Please Fill Out Dog Walking Schedule Sheet •

Date: ____/____/____ Email Address: _____

Pet's Name(s): _____

This Agreement is effective from _____ and is between Woof-Purr LLC and
(Name) _____ (hereinafter referred to as "Client") who resides at

Address: _____ City: _____ CA Zip: _____

Home #: _____ Cell #: _____ Other #: _____

Emergency Person's Name(s) and Telephone Number(s)

Name: _____ Telephone: _____

Landlord's Name: _____ Telephone: _____

This agreement constitutes permission to enter above address and perform duties as stated in the Dog Information Sheet, and any other signed Woof-Purr LLC document. Any changes to this Agreement shall be done so in writing or they will be null and void. Woof-Purr LCC has the right to make any changes to this Agreement at will and without notice. With any changes, a new agreement will be presented before any new services are rendered.

SERVICES / RATES

Daytime Dog Walking at \$ _____ per walk. (8 AM - 7 PM)

Evening Dog Walking at \$ _____ per walk. (7 PM - 8 AM)

Additional Services: _____

Payment for Services: Cash Check PayPal (Please contact for PayPal Instructions)

Any medical/health concerns (Must fill out Medication Waiver if administering meds):

Woof-Purr LLC shall not be responsible for any unknown medical conditions or injury/death that may occur from any unknown medical/health conditions.

Veterinarian Release Form read and signed: YES / NO

Client and Dog Information Sheet filled out: YES / NO

POLICIES AND PROCEDURES

LIABILITY POLICY

- Woof-Purr LLC and its employees shall provide services stated in this contract in a reliable and trustworthy manner.
- In consideration of these services and as an express condition thereof, the Client expressly waives any and all claims against Woof-Purr LLC or its employees, unless arising from gross negligence on the part of Woof-Purr LLC.
- Woof-Purr LLC shall not be held responsible for pets that cause damage to furniture, carpet, flooring/woodwork, walls, or anything similar..

Initial: _____

DOG WALKING SERVICE AGREEMENT (con't)

- Woof-Purr LLC shall not be held responsible for pets that bite, suffer an accidental death or escape from faulty fencing or from inside the home due to faulty screens, doors, etc.
• Woof-Purr LLC shall not be held responsible for any complications pets may suffer or actions of pets while they are unattended.
• Woof-Purr LLC shall not be held responsible for the loss, injury, death, or actions of any pet that the Client has let outside or has instructed the walker to allow outside while walker is not present. This includes pets with doggie doors and outdoor pets.
• The Client understands that all pets shall have a veterinarian and shall be up to date on the rabies vaccination.
• Client agrees to reimburse Woof-Purr LLC for all costs (including, but not limited to, medical care and lost wages) associated with contracting any ailments while exposed to pet(s).
• Woof-Purr LLC will not accept aggressive animals. Client shall be responsible for all costs (including, but not limited to, medical care, attorney fees, etc.) if Client's pet should bite another person or animal.
• Woof-Purr LLC will not walk unruly or untrained dogs or dogs that choke themselves on their leash. All pets must be walked on a leash, no exceptions. Woof-Purr LLC is not responsible should an accident occur when using retractable leashes, as they can be dangerous. Woof-Purr LLC recommends a harness or a Martingale Dog Collar to make sure your dog is as safe as possible.
• Woof-Purr LLC does not diagnose, or make therapy decisions, nor does it offer veterinary services. Any veterinary/medical concerns will be referred to a veterinarian.
• Woof-Purr LLC must be given two sets of house keys. (One for the office and one for the walker/sitter. Keys will be kept for future use. If Client would like keys picked up at a separate time other than consult or returned, there is a \$20 drop off fee, other option is a lock box and one key for office. Please check keys in the door before consultation.) Client authorizes Woof-Purr LLC to obtain the services of a locksmith should a key/garage opener malfunction. Client will be responsible for all charges. Keys given: Yes / No If no, please explain:
• Woof-Purr LLC shall not be responsible for any keys the client has asked to be mailed or left in an outside hiding place. Client is responsible for shipping and handling charge of \$10.
• Woof-Purr LLC shall not make diagnoses, prognoses, or therapy decisions, nor does it offer veterinary services.
• Any veterinary/medical concerns will be referred to a veterinarian.
• Woof-Purr LLC is not responsible for pets or home if client has an outside person enter premises while pets and home are under the care of Woof-Purr LLC. Job sharing is not covered under Woof-Purr LLC insurance. We cannot be responsible for your pet or home if another service provider/friend/family/neighbor/workers/landlord enters your property while your pets are under our care.
• Woof-Purr LLC cannot be responsible for fleas on pet or in the house.

CANCELLATION POLICY

- Cancellation must be received within 24 hours of scheduled visit in order to be credited for the daily walk fee. Woof-Purr LLC reserves the right to deny service or terminate service because of safety concerns, financial concerns, or inappropriate or uncomfortable situations.
• Business Hours: Office visit hours normally fall between the hours of 8 a.m. and 6 p.m. Saturday/Sunday times varies.
• Woof-Purr LLC will not accept time specific calls as we cannot guarantee specific times accurately. Client agrees on a two to three hour window that is acceptable.

EMERGENCIES

- Client agrees to authorize Woof-Purr LLC to handle any emergencies that may arise. Woof-Purr LLC shall make every effort to contact Client. In the event Client cannot be contacted, Client authorizes Woof-Purr LLC to use their best judgment and to be available at an hourly rate of \$30 to oversee the circumstances. Woof-Purr LLC would have to agree with services that the vet recommends.
• Woof-Purr LLC requires Client to have a responsible party to take care of Client's pet(s) in the event of unforeseen circumstances such as illness and in the event of inclement weather or a natural disaster. It is best the Client's emergency contact is a neighbor so they can reach your home. Woof-Purr LLC is not responsible for pets in the circumstances mentioned above.

PAYMENT ARRANGEMENT

- Payment is expected before services are rendered. In the event of additional unforeseen visits or other costs (such as food, supplies, or vet fees), payment shall be made within 5 days of the completion of services or a late charge of \$20 will be applied. Weekly midday dog walks can be pre paid weekly or monthly. Payment is due at the beginning of each week (if paying weekly) and beginning of each month if paying monthly.
• Bad Check Policy: A \$30 fee is assessed on all returned checks. All fees are due promptly and must be paid via cash or money order only.

By signing below the Client fully understands and agrees to the contents of this Agreement:



Client's Signature _____ / ____ / 20____ Date

If anything changes, please notify us immediately by email along with a note left in an agreed area in your home. This form will be kept on file for all future visits.

Client's Name: _____

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DOG SITTING INFORMATION SHEET

- Highly recommend a harness or Martingale Collar for safety •

Please fill out a form for each dog so that we may provide the best possible care for your pet. Thank you!

Name of Pet: _____ Breed: _____ Color: _____

Markings: _____ D.O.B. : ____/____/____ Gender: M / F

Microchipped: Yes / No Microchip number: _____ Spayed/Neutered: YES / NO

Microchip company: _____ Company Phone #: _____

Dog Tags are required to be on collar. Are there dog tags on your pet's collar?: YES / NO

Aggressive: YES / NO If yes, please explain: _____

Precautions (i.e. afraid of...): _____

Is your dog allergic to bee stings? YES / NO / Don't Know • If yes, what steps would you like Woof-Purr LLC to take if your dog is stung by a bee? _____

Medications: YES* / NO Vaccinations Current: YES / NO

*If yes, please fill out Medication Waiver Form Vet has current CC on file: YES / NO

Feeding Time(s): _____ Food Location : _____

Instructions for food/treats: _____

Caged / Run of the House / Outdoors / Limited to: _____

Leash/collar description: _____ Leash, collar, etc. location: _____

Walk Route: _____

What commands does your dog know? _____

Favorite toys/games: _____

Anything else we should know: _____

By signing below the Client has entered the above information as completely and accurately as possible.



Client's Signature

_____/_____/20_____
Date

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This form will be kept on file for all future visits.*

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DOG WALKING SCHEDULE

- Highly recommend a harness or Martingale Collar for safety •

Name of Dog(s): _____

A 2-3 hour window is applicable in most instances (earliest time to latest time pet can be walked).

All dog walk times listed are approximate.

Walk Time/Monday: _____

Walk Time/Tuesday: _____

Walk Time/Wednesday: _____

Walk Time/Thursday: _____

Walk Time/Friday: _____

Walk Time/Saturday: _____

Walk Time/Sunday: _____

Additional Notes: _____

By signing below the Client has entered the above information as completely and accurately as possible.



_____ / _____ / 20____

Client's Signature

Date

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VETERINARIAN RELEASE

• Part One: Client and Pet Information Form •

Client's Address: _____

Email Address: _____ Phone(s): _____

Emergency Person's Name(s) and Telephone Number(s)

(Please choose an emergency contact person(s) that can make decisions for your pet(s) if you are not available.)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

Known medical conditions: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

Known medical conditions: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

Known medical conditions: _____

Pet's Name: _____ Type of Pet: _____ D.O.B. of Pet: ____/____/____ Weight: _____

Known medical conditions: _____

(Additional pets and pet information, please list on the back of paper.)

Regular veterinarian must have credit card information on file. (A copy of your driver's license and a copy of the front and back of your credit card in a sealed envelope must be left at your house in case of pet being taken to emergency room. Please sign and state on the note that this is for services for your pet only.) Please contact office and let us know where you will be keeping the sealed envelope at your house. If your veterinarian is not available or pet needs to get to the nearest vet, I authorize Woof-Purr LLC to transport my pet(s) to a veterinarian of choice and authorize treatment. Treatment will be given as to the recommendation of the vet, if you or your emergency contact person is not available. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

Please Initial: _____

Client's Name: _____

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VETERINARIAN RELEASE

• Part Two: Veterinarian Information and Signature Form •

Veterinarian Information:

Clinic's Name: _____

Doctor: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

During my absence, Woof-Purr LLC will be caring for my pet(s).

In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Woof-Purr LLC permission to transport my pet(s) to the above veterinarian or nearest emergency hospital and authorize treatment in the event of an emergency or sickness.

- I give permission to Woof-Purr LLC to approve treatment up to \$_____ (input maximum dollar amount or "no limit"). It is very important that the maximum dollar amount is entered.
- I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.
- I agree to authorize veterinarian to euthanize my pet in extreme circumstances after all reasonable attempts have been made to reach me or reach my emergency contact.

In the event of my pet's death, I would like the pet cremated / kept at vet / other: _____

I have entered the above information as completely and accurately as possible.

By signing below the Client fully understands and agrees to the contents of this Agreement:



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MEDICATION WAIVER

- Health Record must be filled after each vet visit or when new medications are required •

Please fill out a form for each medication so that we may provide the best possible care for your pet. Thank you!

Pet's Name: _____ Type of Pet: _____ Breed: _____

Last Check-up: ___/___/___ D.O.B. : ___/___/___ Gender: M / F Spayed/Neutered: YES / NO

Known medical conditions: _____ Vaccinations: _____

Number of medications needed during service contract: _____

Name of Medication (only enter one medication here): _____

Reason for Medication: _____

Instructions for administration: _____

Times to Administer Medication: _____

Dosage Each Time: _____ Has this pet been on this medication before: YES / NO

Known side effects: _____

Any known problems with administering: YES / NO If yes, describe: _____

Woof-Purr LLC and staff agree to administer medication to above pet per the instructions listed above. Woof-Purr LLC shall not be responsible if pet refuses medication. Woof-Purr LLC shall not be responsible for any reaction pet has to medication. If pet needs emergency vet care, owner agrees to be responsible for all cost incurred including transportation and vet fees. Owner agrees to hold Woof-Purr LLC harmless of any claims unless gross negligence has been proven. This Agreement will remain valid until a new agreement has been filled out.

I have entered the above information as completely and accurately as possible.

By signing below the Client fully understands and agrees to the contents of this Agreement:



_____/_____/20_____
Client's Signature Date

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This form will be kept on file for all future visits.*