



Leash adventures

Dog Walking & Pet Sitting Services

Monica Falco, Owner • 630.776.9327

This agreement between Leash Adventures and _____
(hereinafter referred to as "client")

who resides at: _____

This agreement constitutes permission to enter above address and perform duties as outlined in the Dog Information Sheet, Service Agreement and Veterinarian Release.

Any changes to this agreement must be done so in writing or they will be null and void. Leash Adventures 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.

SERVICE AND RATES: Dog walking at: \$20 per walk for 30 minutes/Pet Sitting

Additional Services: _____

PAYMENT FOR SERVICES: Cash Check Credit Card

KEY RELEASE:

Left on Final Visit Kept by Walker for Future Visit Mailed(\$3) In Person Delivery(\$5)

GARAGE/ALARM CODE: _____

WATER LOCATION: _____

Water will be refreshed at every visit.

Tap Water Bottled Water Filtered Water

LEASH LOCATION: _____

CLEANING SUPPLIES LOCATION: _____

WASTE DISPOSAL PREFERENCE: _____

TEXTS & PHOTOS:

Would you like to receive occasional pictures, updates and notifications about your pet?

Yes No

If yes, please provide email or text number: _____

I have read and signed the Veterinarian Release Form: Yes

I have filled out the Client and Dog Information Sheet: Yes



Client Name: _____ Client Number: _____

Pets: _____ File: _____

DOG WALKING SERVICE AGREEMENT

MONICA FALCO, OWNER • 630.776.9327

The client hereto agrees as follows:

LIABILITY POLICY

- Leash Adventures and employees agree to 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 Leash Adventures or its employees, unless arising from gross negligence on the part of Leash Adventures.
- Leash Adventures cannot be held responsible for dogs that cause damage to furniture, carpet, flooring/woodwork, walls, etc. while walker is not present.
- Leash Adventures cannot be responsible for dogs that bite, suffer an accidental death or escape from faulty fencing or from inside the home due to faulty screens, doors, etc.
- Leash Adventures cannot be responsible for any complications dogs may suffer or actions of dogs while they are unattended.
- Leash Adventures or its employees shall not be held responsible for the loss, injury, death, or actions of any dog that the client has let outside or has instructed the walker to allow outside while walker is not present. This includes dogs with doggie doors and outdoor dogs.
- The client understands that all dogs must have a veterinarian and must be up to date on the rabies vaccination. Client agrees to reimburse Leash Adventures for all costs (including, but not limited to, medical care and lost wages) associated with contracting any ailments while exposed to dog(s).
- Leash Adventures does not accept aggressive dogs. Client agrees to be responsible for all costs (including, but not limited to, medical care, attorney fees, etc) if client's dog should bite another person or animal.
- Leash Adventures will not walk unruly or untrained dogs or dogs that choke themselves on their leash. All dogs must be walked on a leash, no exceptions.
- Leash Adventures does not diagnose, prognose, or make therapy decisions, nor does it offer veterinary services. Any veterinary/medical concerns will be referred to a veterinarian.
- Leash Adventures will not be responsible for any keys the client has asked to be mailed.
- Client is responsible for making arrangements for snow removal. Visits may not be made in snow covered driveways and/or walkways because of safety concerns.

CANCELLATION POLICY

Cancellations must be received within 24 hours of scheduled visit in order to be credited for the daily walk fee. Leash Adventures reserves the right to deny service or terminate service because of safety concerns, financial concerns, or inappropriate or uncomfortable situations. **BUSINESS HOURS:** Business hours fall between the hours of 9 a.m. and 9 p.m. and services are usually completed during this time unless we are behind schedule. Leash Adventures will not accept time specific calls as we can not guarantee specific times accurately. A two hour window is acceptable.

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.

EMERGENCIES

- Client agrees to authorize Leash Adventures to handle any emergencies that may arise. Leash Adventures will make every effort to contact client. In the event client cannot be contacted, client authorizes Leash Adventures to use their best judgment and to be available at an hourly rate of \$30 to oversee the circumstances.
- Leash Adventures requires you to have a responsible party to take care of your dog(s) in the event of unforeseen circumstances such as illness and in the event of inclement weather or a natural disaster. It is best your emergency contact is a neighbor so they can reach your home. Leash Adventures is not responsible for dogs in these circumstances.

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 is expected within 5 days of the completion of services or a late charge of \$20 will be applied monthly. By signing below the client fully understands and agrees to the contents of this agreement.

Client Signature: _____ Date: _____



Client Name: _____ Client Number: _____

Pets: _____ File: _____

DOG INFORMATION SHEET

MONICA FALCO, OWNER • 630.776.9327

Pet Name: _____ Owner: _____

MALE FEMALE SPAYED/NEUTERED

Phone: _____ Email: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

Breed: _____ Color/Markings: _____

Leash/Collar/Descriptions/Location: _____

Feeding Time: _____ Treats: _____

Feeding Instructions: _____

Precautions [other dogs, people, scared of, allergies]: _____

Weather Restrictions: _____

Medication Instructions: _____

Name: _____ Dosage: _____ Amount & Time: _____

Anything else we should know?: _____

Current on Vaccines: Rabies Bordatella Distemper/Parvo FVRcP Leukemia

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature: _____ Date: _____

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



Client Name: _____ Client Number: _____

Pets: _____ File: _____

VETERINARIAN RELEASE FORM

MONICA FALCO, OWNER • 630.776.9327

PET INFORMATION

Type(s): _____

Name(s): _____

Birthdate(s): _____

VETERINARIAN INFORMATION

Veterinarian: _____

Address: _____

Phone: _____

Known Medical Conditions: _____

During my absence, Leash Adventures 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 Leash Adventures permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Leash Adventures to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Hospital. I give my permission to Leash Adventures to approve treatment up to \$_____ (input maximum dollar amount or "no limit").

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 that Leash Adventures is released from liability related to transportation to and from veterinarian and treatment for sickness or emergency. This release will remain valid for all current and future visits unless a new release is signed.

Client Signature: _____ Date: _____