

Owners Name :	
Contact Number :	
	Breed :
Sex: DOB:	Spayed :
Injections / Boosters up to date :	
Kennel Cough Vaccinated :	
Flea & Wormed :	
Micro chipped :	Insured :
	People Friendly :
Other Information :	
Permission from owner to walk the dog	off leash :
All above information detailed is correct	Date:
Print Name :	Sign:



Own	ners permission for Dog Walker administer any required emergency First
Aid	
Pern	nission to take Pet to the Vet in case of emergency :
In th	ne event of an emergency, the Walker shall contact the Owner at the numbers
prov	rided to confirm the Owner's choice of action. If the Owner cannot be
reac	hed, the Walker is authorized to:
•	Transport the dog(s) to the listed veterinarian;
•	Request on-site treatment from a veterinarian.
•	The Walker is released from all liability related to transporting dog(s) to and
	from any veterinary clinic or kennel, the medical treatment of the dog(s) and
	the expense thereof.
•	The Owner shall be liable for all medical expenses and damages resulting from an injury to the Walker caused by the dog as well as damage to the Owner's property.
•	The Walker accepts no liability for any breach of security or loss of or damage to the Owner's property.
•	The Walker accepts no liability for any pet contracting any illness, infestation or for any mishap of whatsoever nature which may befall a dog whilst in their care.
•	The Owner must provide an Dog ID Tag on any Collars or Harness Provided.
Pet (Owner viewed: Public Liability / Dog Walking & Pet Sitting insurance documents,
PVG	disclosure document :
Any	Other Information :
Own	ner Sign & Date :

Dog Walker Sign & Date :