

**Dog Walking
Service Contract**

WalkieDoggie.com



Walkie Doggie
773 S. Lombard
Evansville, IN 47714

info@walkiedoggie.com

Client Information

Client Name(s): _____

Address: _____

Email: _____

Home Phone: _____ Cell: _____ Work: _____

Local Emergency Contact: _____ Address: _____

Home Phone: _____ Cell: _____ Work: _____

Permission to add your pet(s) first name and photo ONLY on website? Circle Y/N and Initial _____ Thank you.

Pet Information

Veterinarian: _____

Are all Pets' Vaccinations Current? _____

(1) Pet's Name: _____ Type: _____ Breed: _____ Color: _____

DOB: _____ Age: _____ Sex: _____ Treats: _____

Exercise: _____

Medical History: _____

(2) Pet's Name: _____ Type: _____ Breed: _____ Color: _____

DOB: _____ Age: _____ Sex: _____ Treats: _____

Exercise: _____

Medical History: _____

(3) Pet's Name: _____ Type: _____ Breed: _____ Color: _____

DOB: _____ Age: _____ Sex: _____ Treats: _____

Exercise: _____

Medical History: _____

Walkie Doggie agrees to exercise due and reasonable care in the walking your dog(s). In the event of an emergency, we will call you first then your emergency contact. See separate services and pricing document, subject to change at anytime and without notice. We will walk or jog your dog(s) for 30 minutes. Pet and basic home care services can be combined at no additional charge within the 30 minute time frame. 100% Guarantee Satisfaction - If for any reason you not satisfied with our most recent service, please let us know and we will credit you for the full amount for that service. Notification must occur no later than 3 days after service. Thank you.

Date: _____ Client: _____

Have read aforementioned and received services and pricing document.

Date: _____ By: _____

Walkie Doggie