



Dreadlocks for Dingoes

Your Local Lov'n Pet Place



212 East 7th Street, Saint Paul, MN 55101

:

651-440-9813 or 651-440-9819

Dog Walking Release Forms Packet

This agreement is a valid, legally binding contract between Dreadlocks for Dingoes LLC (also referred to as DfD) and the dog owner (or custodian, collectively the "Owner") desiring to utilize DfD Dog Walking Service. Please read the entire "Agreement" carefully; your agreement to these terms and conditions is required.

Please fill out **one forms packet for each dog** so we may provide the best care possible. In case of any emergency, a signed Veterinarian Release Form and Permission to Administer Medicine Form (if applicable) is also necessary for our files. These two additional forms are included in this packet. Thank you.

Owner Information Section:

Client Name: Last _____ First _____

Address: _____ City: _____ Zip: _____

Phone (H) _____ (C) _____ (W) _____

Email: _____

Spouse's name: _____ Spouse phone: _____

Spouse's email: _____

Emergency Contact & Phone Number: _____

Secondary Emergency Contact and Phone Number: _____

Dog Information Section:

Pet Description: Pet Name _____ Breed _____ Color _____

Age: _____ Sex: M F Spayed/Neutered: Y N Approximate Weight: _____ lbs.

Vaccinations up to date: Y N ; DHLPP (or similar) ; Bordetella (kennel cough) ; Rabies

Micro-chipped? Y N Chip# _____ Registry Company: _____

Is your dog licensed with the city? Y N License# _____

Does your dog need any medications? Y N (If „yes“, a Medication Authorization Form may be required)

What form of flea & tick control do you use? _____ Last date applied ____/____/____

Has your dog ever been aggressive? Y N

Pet has had no physical ailment or recent injury, please initial _____ *

Please inform us of any current or past injuries so we can best care for your pet: _____



Dreadlocks for Dingoes

Your Local Lov'n Pet Place



212 East 7th Street, Saint Paul, MN 55101

:

651-440-9813 or 651-440-9819

When you walk your dog, if s/he sees another dog, does s/he:

- Ignores the other dog Show some interest but keep walking Wags tail and wants to play
- Growl and become aggressive Pulls hard on lease in attempt to make contact

When you walk your dog, if s/he sees a cat or other small animal does s/he:

- Ignore the animal Show some interest but keep walking Wags tail and wants to play
- Growl and become aggressive Pulls hard on lease in attempt to make contact **What**

commands does your dog understand:

- Sit Stay Down Off Other _____

Does your dog come when called? Y N What is your dogs "come" command? _____

When "walking" does your dog walk: Calmly Pulls

Is there anything in particular we should be aware of when caring for your dog? (Scared of loud cars/motorcycles, skateboards, kids? i.e. Eats objects/garbage on walks, health issues, allergies, etc.)

Okay to give treats? Y N

Desired Dog Walking Schedule:

Please provide at least a 2 hour time window. (i.e. 11:00 AM – 2:00 PM; 1:00 PM – 3:00 PM; 2:00 PM – 4:00 PM; etc.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
N/A						N/A

Terms and Provisions: The parties to this Dog Walking Agreement (hereinafter referred to as the "Contract") and Dreadlocks for Dingoes LLC (hereafter referred to as the Walker) and

_____ (hereinafter

referred to as "the Owner").

Print/ type full name

A **Dog Information Section** and a **Veterinarian Release Form** must be completed and signed prior to service (for each pet) so that we may provide the best care possible. Whereas the Owner wishes to engage the Walker and the Walker agrees to undertake the services under the terms and provisions defined in this Contract, as well as the sections or forms mentioned, all of which shall become part of this Contract. Any reference to dogs or pets in this Contract shall refer to those specified on the Dog Information Section of this document.



Dreadlocks for Dingoes

Your Local Lov'n Pet Place



212 East 7th Street, Saint Paul, MN 55101

:

651-440-9813 or 651-440-9819

1) Relationship and Responsibilities: The Walker undertakes to perform the agreed-upon services in an attentive, reliable, and caring manner, and the Owner undertakes to provide all necessary information to assist in this performance. The Walker undertakes to notify the Owner of any occurrence pertaining to the dog which may be relevant to the care and well-being of the dog. The Walker will be supplied and equipped with waste bags and will duly remove the dog's feces from all public places. The Owner will provide suitable harnesses, collars and non-retractable leashes as approved by the Walker as well as muzzles if required. DfD reserves the right to adjust walking times due to extremely hot or stormy weather.

If the Owner desires the dog's feet to be wiped off during wet weather, Owner shall provide a towel to be left at the point of entry used by DfD. **Initial:** _____*

2.) Compensation: The Walker shall be paid the amount of \$_____ per walk or \$_____ per off leash park option. Visits are for approximately 30 minutes and include: 20-25 minute walk, or 1 hour and include: 45-50 minute dog park visit, fresh water refill, attention and treats (if no allergies to food exist.) The Owner will pay monthly or weekly in advance of walks. Additional time can be added for a nominal fee. A \$37 fee will be charged for all returned checks plus any bank fees incurred.

3.) Duration: This Contract shall become effective on ___/___/___ either party may terminate this Contract with a minimum of 24 (twenty four) hours notice prior to the scheduled visit without incurring penalties or damages. Cancellation by the Owner of scheduled walks with less than 24 hrs notice will be charged at the full rate. If a specific employee of the Walker cannot perform the service at a scheduled date or time, then the Walker may assign a substitute employee. Should any dog become aggressive or dangerous, the Walker may terminate this Contract with immediate effect. Any wrongful or misleading information in the Owner's Information or Pet Information sections may constitute a breach of terms of this Contract and be grounds for instant termination thereof. Termination under the circumstances described above shall not entitle the Owner to any refunds or relief of any outstanding payments due.

4.) Liability: The Walker will carry liability insurance relative to the services performed for the Owner. A copy of the insurance policy has been made available to the Owner and the Owner acknowledges that he/she is familiar with its content. It can be viewed online at: www.dreadlocksfordingoes.com. The Walker accepts no liability for any breach of security or loss of or damage to the Owner's property if another person has access to the property during the term of this Contract. The Walker shall not be liable for any mishap of whatsoever nature which may befall a dog or be caused by a dog who has unsupervised access to the outdoors. 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 or other persons' pets or property. 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.

5.) Indemnification: The parties agree to indemnify and hold harmless each other as well as respective employees, successors and assigns from any and all claims arising from either party's willful or negligent conduct.

6.) Emergencies: In the event of an emergency, the Walker shall contact the Owner at the numbers provided to confirm the Owner's choice of action. If the Owner cannot be reached, the Walker is authorized to either: (1) transport the dog(s) to the listed veterinarian, (2) request on-site treatment from



Dreadlocks for Dingoes

Your Local Lov'n Pet Place



212 East 7th Street, Saint Paul, MN 55101

:

651-440-9813 or 651-440-9819

a veterinarian, or (3) transport the dog(s) to an emergency clinic if the previous two options are not feasible.

Owner agrees to reimburse the Walker for all expenses incurred up to a limit of \$_____.

We suggest that you leave a credit card on file with your veterinarian with a specific charge limit. This could save your pet's life in a case when we are unable to reach you. **Initial:** _____ *

7.) Security: The Walker warrants to keep safe and confidential all keys, remote control entry devices, access codes and personal information of the Owner and to return same to the Owner at the end of the Contract period or immediately upon demand. If and when this contract is terminated the Walker will keep and maintain the Owners keys / devices in a secure yet accessible place for Owner retrieval at his/her convenience.

8.) Employees: The Owner acknowledges that the Walker spends a great deal of time, effort and money to locate, interview, screen and hire its employees. Therefore the Owner understands that their DfD designated "DfD dog walker" is an employee of DfD and agrees not to solicit their DfD designated "dog walker" for their own private dog walking needs or requirements.

By signing below the Owner fully understands and agrees to the contents of the above agreement:

*****YOU MUST SIGN THIS AGREEMENT TO BEGIN PET CARE/.WALKING*****

The Owner's Signature: _____ Date: _____

_____/_____/_____

The Walker's Signature: _____

Date: ____/____/_____

Payment for Services will be with: Cash Check Credit/Debit Card

Which prepayment plan do you prefer: Monthly Weekly

Note: If you indicated payment by credit card you will need to complete and send us the Credit Card Submittal form which is the last document in this packet.

Veterinarian Medical Emergency Release Form

This is a required form for all Dreadlocks for Dingoes participants receiving services.



Dreadlocks for Dingoes

Your Local Lov'n Pet Place



212 East 7th Street, Saint Paul, MN 55101

:

651-440-9813 or 651-440-9819

Please fill out **one form for each dog** so we may provide the best care possible. In case of any emergency, a signed Veterinarian Release Form and Permission to Administer Medicine Form (if applicable) is also necessary for our files. Thank you.

Owner Information Section:

Client Name: Last _____ First _____

Address: _____ City: _____ Zip: _____

Phone (H) _____ (C) _____ (W) _____

Email: _____

Spouse's name: _____ Spouse phone: _____

Spouse's email: _____

Emergency Contact & Phone Number: _____

Secondary Emergency Contact and Phone Number: _____

Your Veterinarian Name _____ Vet Phone Number _____

Dog Information Section:

Pet Description: Pet Name _____ Breed _____ Color _____

Age: _____ Sex: M F Spayed/Neutered: Y N Approximate Weight: _____ lbs.

Vaccinations up to date: Y N ; DHLPP (or similar) ; Bordetella (kennel cough) ; Rabies

Micro-chipped? Y N Chip# _____ Registry Company: _____

Is your dog licensed with the city? Y N License# _____

Does your dog need any medications? Y N (If „yes“, a Medication Authorization Form may be required)

What form of flea & tick control do you use? _____ Last date applied ____/____/____

Has your dog ever been aggressive? Y N

Pet has had no physical ailment or recent injury, please initial _____ *

Please inform us of any current or past injuries so we can best care for your pet: _____

(Veterinarian Release Form Page 2)



Dreadlocks for Dingoes

Your Local Lov'n Pet Place



212 East 7th Street, Saint Paul, MN 55101

:

651-440-9813 or 651-440-9819

First and foremost the safety and well-being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility. We may need to notify the owners after we have secured a medical treatment center so as to avoid delays. Our goal is to get your pet medical attention as quickly as possible and avoid any distractions which may interfere with that process.

Therefore: I understand that in the event of a medical emergency, Dreadlocks for Dingoes, at its sole discretion, deems-it necessary to provide the attention of a licensed veterinarian, I authorize Dreadlocks for Dingoes to transport and seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Dreadlocks for Dingoes. I agree that Dreadlocks for Dingoes is released from all liability related to transportation to and from the vet and Dreadlocks for Dingoes is not in any way financially responsible for treatment given to my dog for sickness or emergency. If the cost of medical expenses are going to exceed \$_____, (*estimated medical expenses be determined by the attending veterinarian*) I wish to be contacted immediately before further treatment is given. **Initial** _____

Owner (print) _____ **Date** ____/____/____

Owner Signature: _____

Pet Medication Administration Authorization Form (If Applicable)



Dreadlocks for Dingoes

Your Local Lov'n Pet Place



212 East 7th Street, Saint Paul, MN 55101

:

651-440-9813 or 651-440-9819

Please complete this sheet and bring with you or fill out on line to expedite the check-in process when utilizing services at Dreadlocks for Dingoes. Dreadlocks for Dingoes and staff agree to administer medication to your pet per the instructions listed below. Dreadlocks for Dingoes is not responsible for any reaction pet has to the medication. If pet needs emergency vet care, owner agrees to be responsible for all cost incurred including transportation and vet fees. Owner agrees to Dreadlocks for Dingoes harmless of any claims. This agreement will remain valid until a new agreement has been completed and on file.

Medication: Please bring any medicine that your pet takes regularly with your pet's name, current dosage and frequency clearly listed on the container.

*Please fill out **one form for each dog** so we may provide the best care possible. In case of any emergency, a signed Veterinarian Release Form and Permission to Administer Medicine Form (if applicable) is also necessary for our files. Thank you.*

Client Name: Last _____ First _____

Address: _____ **City:** _____ **Zip:** _____

Phone (H) _____ **(C)** _____ **(W)** _____

Email: _____

Your Veterinarian Name _____ **Vet Phone Number** _____

Pet Description: Pet Name _____ Breed _____ Color _____

Age: _____ **Sex:** M F **Spayed/Neutered:** Y N

Approximate Weight: _____ lbs. **Vaccinations up to date:** Y N

Has your dog ever been aggressive? Y N

Pet has had no physical ailment or recent injury, initial* _____

Please inform us of any past injuries so we can best care for your pet: _____

Is there a special way that you give your pet medication (i.e. pill pocket, wrapped in wet food etc.)

Medication #1:

Medication Name: _____

Dosage instructions: _____



Dreadlocks for Dingoes

Your Local Lov'n Pet Place



212 East 7th Street, Saint Paul, MN 55101

:

651-440-9813 or 651-440-9819

For what condition is the pet receiving this medicine? _____

Medication #2

Medication Name: _____

Dosage instructions: _____

For what condition is the pet receiving this medicine? _____

Medication #3 _____

Medication Name: _____

Dosage instructions: _____

:

For what condition is the pet receiving this medicine? _____

** I have read the information above and have entered the above information as truthfully and accurately as possible.*

** This consent to administer medications to your pet has no expiration date unless otherwise discussed.*

Owner (print) _____ **Date** ____/____/____

Your Signature: _____



Dreadlocks for Dingoes

Your Local Lov'n Pet Place



212 East 7th Street, Saint Paul, MN 55101

:

651-440-9813 or 651-440-9819

CREDIT CARD SUBMITTAL FORM

Dreadlocks for Dingoes accepts VISA, MasterCard, Discover cards. Please complete the following information and submit this form with your Walking Release Form(s). Do not send credit card information by email. You can drop it off at the store, mail, or call us and we can take the information over the phone.

Card Number: _____ Expiration Date: ____/____/____

(Check one): VISA MasterCard Discover

Name on Card: _____ CVC _____

Billing

Address: _____ City _____ State _____ Zip _____

Signature: _____ Date: ____/____/____