

# Walk and Wag Dog Walking Client Consent Form

**Client's Name** .....

**Client's Address** .....

**Post Code** .....

**Telephone Number** .....

**Emergency Contact Numbers** .....

**Email address** .....

**Dog's Name** .....

**Breed and Age** ...../.....

**Sex**                      **Male**     **Female**                       **Neutered/Spayed**

**Fully Vaccinated**                      **Yes**                      **No**

**Collar with tag**                      **Yes**                      **No**

**Vet Practice Used** .....

**Practice Address** .....

**Post Code** .....

**Telephone Number** .....

1. I agree to provide keys/arrange for keys to be available for Walk and Wag for the dog walking/feeding appointment.
2. I authorise Walk and Wag to obtain any emergency veterinary care that may be necessary during the time spent with my dog(s). I understand that every effort will be made to contact me prior to obtaining emergency care. I accept responsibility for any charges related to this emergency care. I also authorise Walk and Wag to use an alternative veterinarian if my regular veterinarian is unavailable.
3. I agree to reimburse Walk and Wag for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
4. I will be responsible for any medical expenses and damages resulting from an injury to the dog walker or other persons by my dog(s). I agree to indemnify and hold harmless Walk and Wag in the event of a claim by any person injured by my dog(s).
5. I agree to notify Walk and Wag of any concerns/complaints within 24 hours of any appointments.
6. I realise I must give a minimum of 24 hours' notice to cancel any appointments or the full amount will be collected.

I have seen, read and agree to the terms and conditions, a copy of which are also posted on the website. I hereby agree that I the undersigned give consent for Davina Clark of Happy Paws to walk my dog, as per my instruction and that I have entrusted her with a key to my property to be used only as agreed. The key will be returned on my request and I give permission for Davina Clark to seek veterinary assistance should it be required for my pet while it is in her care. *(Please note Davina will try to contact you ASAP in the event of an emergency via the contact details provided above)*

**Signed:** .....                      **Dated:** .....

**Please note walks are to be paid for in advance or on the day.** Cancellations by the customer are required to be made as soon as possible via telephone directly to Davina. In the unlikely event that Davina Clark should have to cancel a booking this will be done ASAP via the contact telephone numbers provided by the customer.

Walk and Wag  
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