



Owner: Debbie Dyck

Phone: 905 805 2225

Email: urbanpawdog@gmail.com

Welcome to Urban Paw Dog Services!

A complimentary in-home consultation is required before scheduling your first dog walk or puppy visit. To best prepare for this meeting, please review and complete the following required paperwork:

Complete the Terms of Agreement for Dog Walking Services

Review our Policies and Procedures

Complete the Client Profile and Home Information Form

Complete the Veterinary Treatment Authorization Form

During the consultation (typically 30-45 minutes in length) we will review your paperwork and profiles so we have all of the information we need to care for your pet(s). We will also address any questions you may have about us AND we will probably rub some bellies as well!

Terms of Agreement for Dog Walking Service

Dog Walking Date 1st visit to be made: _____

Terms

This signed document is an agreement between **Urban Paw Dog Services** and

_____ (Client) for pet sitting services beginning on _____ until revoked in writing. **Urban Paw Dog Services** agrees to provide dog walking services to Client in a reliable, trustworthy, and caring manner. **Urban Paw Dog Services** currently offers **Private Dog Walks, Express Let Outs, 15 Minute Dog Walks/Visits, Dog Sitting in Your Home** Should this change, **Urban Paw Dog Services** will notify you in writing. The parties agree that they shall not disclose any terms and conditions contained in this agreement to any other party and shall keep same confidential between them.

1. I authorize **Urban Paw Dog Services** to perform dog walking services as outlined above and in Client Profile, Pet Profile(s), and Policies and Procedures which shall become part of this contract.

2. I authorize **Urban Paw Dog Services** to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care. I also authorize **Urban Paw Dog Services** to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact me prior to obtaining emergency care.

3. **Urban Paw Dog Services** accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement.

4. Dog walking will be performed only by **Urban Paw Dog Services** during all assignments unless prearranged with client (i.e. in the event of **Urban Paw Dog Services** owner or employee being on vacation, illness, etc.).

5. I agree to reimburse **Urban Paw Dog Services** for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.

6. **Urban Paw Dog Services** agrees to provide the services stated in this agreement in a reliable, trustworthy, and caring manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against **Urban Paw Dog Services**, its employees or assigns, except those arising from proven deliberate negligence of the pet sitter.

7. I understand and agree that the amount of time I book for a dog walk (i.e. 30, 45, or 60 minutes) includes any additional time required by **UPDS** to prepare my dog(s) for the walk Further, there may be days when **UPDS** arrives earlier or later than the start of your scheduled appointment. This may be due to traffic, weather, emergency, etc. Should this occur, your dog will always receive the full 30, 45 or 60 minute walk you've booked regardless of when we arrive for the appointment

8. **Urban Paw Dog Services** will not be liable for the injury, disappearance, death, or fines of any pet(s) with unsupervised access to the outdoors.

9. Client will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet(s). Client agrees to indemnify and hold harmless **Urban Paw Dog Services** in the event of a claim by any person injured by the pet(s).

10. It is expressly understood that **Urban Paw Dog Services** shall not be held responsible for any damage to client's property, or that of others, caused by client's pet(s) during the period in which they are in its care.

11. Fees are earned upon acceptance of dog walking reservations. Accepted methods of payment are cash or Etransfer. Payment must be made within one business day after receiving invoice based on the agreed upon payment method. Outstanding Invoices after 7 days past the due date may be subject to cancellation of services

12. Cancellations may be made up to 24 hours in advance of your scheduled service. The full price of the service will be charged for cancellations made less than 24 hours in advance of a scheduled visit. Any visits canceled on the day of service will be charged in full. If you cancel any part of your scheduled reservation, such as ending the reservation early, you are responsible for the entire initial reservation fee. No refunds or credits will be issued.

13. I attest to the fact that all licenses and vaccinations required by the Province of Ontario, the City in which I reside are current according to the law.

14. **Urban Paw Dog Services** may photograph my pet(s) and use these photos for marketing and promotional purposes without any liability or obligation by me.

I have completed and signed the required Veterinary Release form, Pet Profile, and Client Profile. Any reference to pets in this contract shall refer to those specified on the Pet Profile sheet(s). I have read and agree to the aforementioned Policies and Procedures which are a part of this agreement. I have been provided with a copy for my records. This agreement will remain valid for current and future service, with the exceptions of any agreed to changes in fees or frequency or total number of visits.

Client Signature:

Date _____

Urban Paw Dog Walker

Date _____

Urban Paw Dog Services Policies and Procedures

Pet comfort and the safety and security of your home are the cornerstones of our business.

Urban Paw Dog Services provides pet care for owners who need a helping hand. Whether you go on vacation, a business trip, need a midday visit to walk, feed, cuddle, or medicate your pet; **Urban Paw Dog Services** can do it when you cannot. Our services are provided in a reliable, trustworthy, and caring manner.

Please note that Policies and Procedures are subject to reasonable changes and amendments, which may be implemented from time to time.

Reservations: Please plan ahead to obtain services on the dates you desire. An in-home consultation is required prior to reservations for all new clients. While we can tentatively pencil in your dates, we must meet you and your pets, and assess your needs before we make a commitment to providing your pets' care. During this initial meeting, we will also review and complete forms and sign agreements. Please complete all forms prior to our initial consultation.

Keys: **Urban Paw Dog Services** will obtain two copies of your house key(s) (one for the walker and one to remain in the office in case of emergency) during the initial consultation, when service is scheduled and agreements are signed. Keys will be returned in person within 3 days of the end of your service.

Urban Paw Dog Services reserves the right to deny service or terminate service because of safety concerns, financial issues, failure to comply with policy, or inappropriate or uncomfortable circumstances.

Visitors: Please notify Urban Paw Dog Services if others (housekeepers, pest control service, realtors, friends, family members, etc.) will have access to your home during your absence. It is understood that the client will notify anyone with access to the home that **Urban Paw Dog Services** have been engaged. The police will be called on all intruders or suspicious acts without exception

Urban Paw Dog Services, company owner, agents, assigns, successors and heirs are not liable and are completely indemnified for any and all liability stemming from the act(s) or failure to act of third parties, whether known or unknown, including but not limited to, friends, neighbors, relatives or other service persons, that shall enter your residence for any purpose while **Urban Paw Dog Services** is caring for your pets.

Emergencies: Everyone has them! Feel free to call if an unexpected need arises; we will make every attempt to accommodate your needs for service on short notice depending on our availability. We will carry a copy of your emergency contact form with our daily log (your name + contact's name and phone number) in the event we have an unexpected accident or illness. Please be sure this information is current and that the designated contact has access to your home to ensure your pets' care continues

Inclement Weather: We walk dogs year round, except for rare instances of extreme, inclement weather, i.e. thunderstorms / lightning, torrential downpours, blizzards, hazardous

wind chill, or when the client's usual walk route is made treacherous due to ice or heavy snow. In extreme cold, when the wind chill is below -20 Celsius, we will limit dog walks to 20 minutes.

a) Should we be unable to reach your home due to poor weather conditions, **Urban Paw Dog Services** will contact you by email/text to let you know the walk has been cancelled. We will then refund your payment or place a credit for the dog walk back into your account.

b) If we are able to reach your home in inclement weather, we will take your dog(s) out for a brief potty break and spend the remaining time playing indoors.

Unsecured pets: **Urban Paw Dog Services** will not be responsible for free-roaming or outdoor pets in the event of illness, injury, loss or death. It is strongly advised that all pets have some form of permanent ID and that they remain inside the home or confined to a yard or pen for their own safety and welfare in your absence. It is the pet owner's sole responsibility to "pet-proof" any areas of the home and/or property to which the pet has access. This includes thoroughly inspecting fences, gates, latches, doors and other devices meant to contain the pet or restrict access to specific areas. The pet sitter does not assume responsibility and has no liability for any injuries the pet may sustain or property damage the pet may cause while in its own home/property

Client Signature:

Date _____

Urban Paw Dog Walker

Date _____

Client Profile and Home Information Form

Your name _____ Spouse/partner name _____

Local address _____

Email _____

Phones: Home _____ Mobile (self) _____ Work (self) _____

Mobile (spouse/partner) _____ Work (spouse/partner) _____

How did you find out about us? Internet Print ad (publication _____)

Referred by _____ other _____

Do you want email or text updates? No Email _____ Text _____

EMERGENCY CONTACTS (People able to make decisions about the care of pets or home in emergencies) emergency)

Name: _____

Relationship: _____

Key to home Yes No

Phone Numbers Yes No

PLEASE LIST THE LOCATION OF THE FOLLOWING

Broom/Vacuum Alarm System Panel Water Shut off Valve Fire extinguisher(s) Breaker Box Fuses

Please note any common problems with your house we need to be aware of during our visits:

This signed document is authorization for Urban Paw Dog Services to enter the above premises for the purpose of pet care or home security.

Client Signature:

Urban Paw Dog Walker

Date _____

Date _____

Pet Information Form (for multiple pets, complete one form per pet)

We ask many questions in order to best protect your pets and other clients' pets. Detailed information enables us to use extra care and to take any necessary preventative measures while providing for every pet in our care.

Client Name: _____

Pet Name: Pet/Rabies License # _____ Sex: Female Spayed No Yes

Male Neutered No Yes

Color: _____

Distinctive markings: _____

Breed: _____ Pet Date of Birth: _____ Weight: _____

Pet's collar color: _____ How do you describe your pet's personality:
Friendly Easy-going Aloof Excitable Stubborn Meek Other _____

Behaviour toward strangers: Excited Friendly Aloof Cautious Stressed Scared
Defensive Aggressive Indifferent

Has your pet ever snapped at, bitten, or acted aggressively toward a person? Yes No If
yes, please explain: _____

Is your pet good with children? No Yes

Does your pet have a history of biting or fighting with other animals? Yes No

Are you aware of any reason we should approach your pet with caution?

How does your pet react to your absence from home?

Favorite toys / activities / special words?

May we give your pet treats? Yes No Yes, but only this kind _____

What is your dog's favorite walking route? _____

Is your yard fenced? Yes No Does your dog use a pet door? Yes No

Where should pet waste be disposed of? _____

PLEASE LIST THE LOCATION OF THE FOLLOWING Leashes Toys Carrier(s) Can Opener (if applicable) Brushes Treats Meds/Vitamins Dog Towels

Medications: Name of Medication When to Administer Amount How to Administer

Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence and we are unable to contact you at the time. Should you change veterinarians, please notify **Urban Paw Dog Services** immediately. *Your signature is required to authorize treatment.

Client Name:

Address: _____ City: _____ Prov: ____

Postal: _____ Home Phone: _____ Work Phone: _____

Mobile: _____

Email:

To whom it may concern: I have contracted for services from **Urban Paw Dog Services** during my absence. I authorize **Urban Paw Dog Services** to transport my pets to my veterinarian (or to an emergency clinic) and, on my behalf, to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts for each pet: Pet Name- Description- Maximum Amount _____

\$ _____

\$ _____

\$ _____

\$ _____ If multiple pets require treatment, do not exceed a combined total of

\$ _____.

Special Instructions:

Urban Paw Dog Services reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Primary Veterinary Clinic:

Address: _____ City: _____ Prov: ____

Postal: _____ Phone: _____

Preferred Urgent Care Veterinary Facility:

Address: _____ City: _____ Prov: ____

Postal: _____ Phone: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that **Urban Paw Dog Services** assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I have made advance arrangements with your office to pay all charges and fees that are incurred on my behalf, immediately upon my return.

Signed

OR: MasterCard Visa Card number: _____

Exp. Date: ____/____ Name on card: _____

*Signed: _____ Maximum charge authorized for veterinary care and pet medications only \$_____