To allow us to give your pet the love and attention he/she deserves, please fill in the following forms as fully as possible.  
  
**PET VISITING/WALKING SERVICES CLIENT AGREEMENT AND INFORMATION**  
Name/s:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Work phone: (\_\_\_\_) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  
  
Cell phone:   (\_\_\_\_) \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  
  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Emergency contact:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Location of extra key: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Alarm deactivation code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Alarm activation code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Alarm company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Alarm company phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
I have requested that Happy Trails/Janice Colman take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.  
  
Charge per visit/walk: $\_\_\_\_  
  
I understand payment is due at or prior to the time of the first visit or as otherwise agreed between the client and Happy Trails Dog Service/Janice Colman.  
  
Owner's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Owner's name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
    
  
PET VISIT/WALKING ASSIGNMENT INFORMATION  
  
Date of first visit/walk:                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Date of last visit/walk:               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Number of visits per day:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Additional duties (please circle those you would like to request):  
         Bring in mail/papers  
         Water plants  
         Other  
  
  
Additional notes:

Please complete and answer these forms prior to Happy Trails' service commencing. Answering as fully as possible will help ensure you and your dog have the best possible service and care.

**VETERINARY INSTRUCTIONS AND RELEASE FORM**  
  
Pet’s name:  
Description:  
Age:  
Medical conditions/medication:   
  
Pet’s name  
Description:  
Age:  
Medical conditions/medication:   
  
Pet’s name:  
Description:  
Age:  
Medical conditions/medication:   
   
  
*If a pet named above becomes ill or is injured, I request that Janice Colman take the pet to the following vet:*   
  
Veterinary office name:  
Address:   
Phone number:   
  
Alternate veterinary office name:   
Address:   
Phone number:   
  
*I give permission to Janice Colman* to approve treatment up to $\_\_\_\_\_\_\_\_\_\_\_\_\_.    
  
*I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.*  
  
  
*If neither of the veterinary offices named above is available, I authorize Janice Colman* to take my pet/s to another veterinary office for treatment. I understand that *Janice Colman cannot be held responsible for the results of the veterinary treatment or the loss of my pet.*   
  
  
  
*This agreement is valid starting on the date below or whenever Janice Colman* cares for my pets:   
  
Owner's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Owner's name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
  
DOG INFORMATION SHEET  
  
Client name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                       
  
Dog's name: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Age:     
  
Breed:       
  
Color/Markings:       
  
Sex: M or F \_\_\_\_\_    Neutered / Spayed\_\_\_\_\_\_\_\_\_\_\_\_  
  
Rabies tag #:     
  
Date rabies shot expires:     
  
Feeding:   
  
What kind of food/s does your dog eat?   
  
When does your dog eat?   
  
Special feeding instructions:   
  
Medication:   
  
Is your dog on any medications that must be administered? If yes, please describe the medication procedures including name, dosage and location of medication.  
  
Other

Does your dog have a favorite game?  
  
Does your dog have favorite hiding places?   
  
Where do you keep your collar and leash?   
  
Does your dog need a special harness or choke collar for walks?   
  
***Traits***   
  
Please answer the following brief questionnaire about your dog. It will help us to better care for him/her:   
  
Is friendly with other dogs  YES / NO  
  
Likes new adults   YES / NO  
  
Likes children   YES / NO  
  
Must stay on leash during walks YES / NO  
  
Is allowed in the house  YES / NO  
  
Is allowed to have treats  YES / NO  
  
Is prone to digging  YES / NO  
  
Is prone to chewing  YES / NO  
  
Is fearful of noises or other things YES / NO  
  
Obeys basic commands   YES / NO  
  
Has bitten people or other dogs YES / NO  
  
Has shown other aggression YES / NO   
  
Does your dog travel well in a vehicle?  YES/NO  
  
Do you give me permission to have your dog travel in my vehicle? YES/NO  
  
  
What is the usual length of your dog walks/hikes?  
  
What type of terrain is your dog accustomed to?  
  
Do you give me permission to let your dog off lead? YES/NO  
  
Do you have any special training commands you would like me to use? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Is it OK if a photo of your dog appears on our photo page? YES/NO

How did you find out about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TERMS & CONDITIONS**

* Services can be provided between the hours of 9am and 5.30pm, Monday to Friday excluding public holidays *or unless by special arrangement (weekends, after-hours, etc.)*
* You will provide your dog's usual collar, lead, food, treats, bowls, access to water, toys
* If I am unable to contact you or your emergency contact while your pet is in my care, I reserve the right to consult a vet and make a decision that is in your pet's best interest
* Cancellation of any service must be made 24 hours before the service is due to start or full payment will be charged to you
* If I have to cancel due to any unforeseen circumstances, such as illness, I will rendezvous to give you as much notice as possible
* Notice of my holidays will be given well in advance allowing you to make other arrangements
* If you will not be at home when I collect your dog, I will be happy to look after a key or collect it from a neighbour
* Happy Trails is not held responsible if your dog gets out of your garden, in the case of the garden not having been made secure by the owner

**PAYMENT**

* Cash: All ad hoc bookings must be paid, in cash, on collection of your dog
* Regular customers will be invoiced twice a month; payment is by cash
* Prompt payment is gratefully received

**WAIVER**  
**HOLD HARMLESS AGREEMENT**  
  
By signing this form, you shall agree not to hold Happy Trails Dog Service, its owner, employees, or any other persons affiliated with Happy Trails Dog Service liable for any injuries or illness to your dog \_\_\_\_\_\_\_\_\_\_\_\_\_\_ while in the care of Happy Trails Dog Service.  
  
Although Happy Trails Dog Service watches its dogs carefully and does not accept aggressive dogs, certain unexpected hazards may exist. Happy Trails Dog Service will make efforts to notify you immediately should signs of serious injury or illness appear. If emergency care is required, Happy Trails Dog Service reserves the right to use the services of any duly licensed veterinarian. The owner shall pay any expenses incurred.  
  
SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
**I agree to Happy Trails Dog Service terms and conditions.**   
  
Signed:   
  
Print name:   
  
Date:   
  
***Please give your completed & signed form to me at our first meeting or email it to*** [***happytraildogs@gmail.com***](mailto:happytraildogs@gmail.com)***.***  
  
                                                     

**Thank You!**