



A Walk in The Bark

East Dunbartonshire Professional Dog Walking Service

- **Contact Scott - 07885 645 267**
- **E- awalkinthebark10@gmail.com**
- **Free consultation and introduction walk**
- **Individual crate transportation**
- **Fully supervised and insured**
- **A social environment encouraging your dog to happily interact with other dogs.**



DOG WALKING AGREEMENT FORM

CUSTOMER DETAILS	DOG DETAILS
Name:	Dog Name:
Address:	Breed:
	Sex:
Tel No:	Colour:
Mobile:	Vaccinations up to date: YES / NO
Email:	Microchipped: YES / NO (please circle)
Payment Method:	Days required:
	AM / PM (please circle)

Off Lead Permission	I do / do not give my full consent for my dog/s to be walked off lead.
Security Details	I release my house keys to A WALK IN THE BARK for the duration of the agreement. I may revoke this release at any time and expect my keys to be returned to me immediately upon such revocation.
Cancellation Policy	A minimum of 24 hours cancellation notice is required, except in the case of extreme emergency. Cancellations resulting with less that 24 hours notice may be charged at the full rate.

EMERGENCY CONTACT INFORMATION	VETERINARY INFORMATION
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Mobile:	Mobile:

To the Veterinary Surgery, during my absence A WALK IN THE BARK will be caring for my dog(s) and has my permission to transport them to your surgery for treatment. I authorise you to treat my dog(s) and will be responsible for payment for any treatment carried out. I understand that A WALK IN THE BARK assumes no responsibility for the loss of the dog(s) and is released from all liability related to transportation, treatment and expense.

CLIENT DECLARATION AND SIGNATURE

I HEREBY CONFIRM THAT I AM THE OWNER OF THE ABOVE NAMED DOG(S) AND THAT I AUTHORISE THE FOLLOWING SERVICE:

A WALK IN THE BARK

TO ACT AS GUARDIAN DURING MY ABSENCE AND TO TAKE ANY ACTION WHICH HE/SHE CONSIDERS SUITABLE IN ORDER TO PROTECT AND KEEP IN GOOD HEALTH THE ABOVE NAMED DOG(S). I DO FURTHER CONFIRM THAT I WILL BE RESPONSIBLE FOR ANY COSTS WHICH MIGHT BE INCURRED, EITHER VETERINARY OR OTHER, AS A RESULT OF ANY SICKNESS, ACCIDENT OR DAMAGE CAUSED TO OR BY THE ABOVE NAMED DOG(S) EXCEPT THIRD PARTY LIABILITY, AND THAT I WILL PAY ANY SUCH COSTS OR EXPENSES ON DEMAND. I ALSO UNDERSTAND THAT NO LIABILITY WILL ATTACH TO THE ABOVE MENTIONED DOG WALKER /PET SITTER AND BY SIGNING THIS DECLARATION I AGREE TO THE TERMS AND CONDITIONS OF A WALK IN THE BARK.

CLIENT SIGNATURE:.....

PRINTED NAME:

DATE: