

Dog Walking/Boarding Agreement



A 50% deposit is required to secure a booking

Our Ref

OWNER'S DETAILS

Name	Home Tel. No. (inc Area Code)
Address	Work No.
Email Address	Mobile No.

VETERINARY SURGEON

Name of Practice	Telephone No.
Address	

DOG BREED & NAME

Name	Breed
Name	Breed
Name	Breed
Name	Breed
For office use only	

PLEASE PROVIDE AN EMERGENCY CONTACT

Relationship
Name
Home Tel No.
Mobile Tel No.
Work Tel No.
Address

SECURITY DETAILS

Has a key been collected?	Is the house alarmed?
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I HEREBY CONFIRM THAT I AM THE OWNER OF THE ABOVE NAMED PET(S) AND THAT I AUTHORISE **PET CARERS** 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 PET(S). I DO FURTHER CONFIRM THAT I HAVE READ AND AGREE TO **PET CARERS TERMS AND CONDITIONS** AND 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 PET(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 **PET CARERS**. ONCE SIGNED, THIS AGREEMENT COVERS ALL FUTURE SERVICES REQUESTED OF **PET CARERS**. ANY CHANGES TO THE ABOVE AGREEMENT MUST BE MADE IN WRITING.

Signature of owner	Date
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