

Leash Adventures

Dog Walking & Pet Sitting Services

Monica Falco: 630-776-9327 | www.LeashAdventures.com

PLEASE CAREFULLY REVIEW AND COMPLETE CONTRACT

This agreement between Leash Adventures and _____

This agreement constitutes permission to enter the above address and perform duties as Outlined in the Pet Information Sheet, Service Agreement and Veterinarian Release.

Any changes to this agreement must be done so in writing or they will be null and void. Leash Adventures has the right to make any changes to this agreement at will and without notice. With any changes, a new agreement will be presented before any new services are rendered.

SERVICE AND RATES: Dog walking at: \$25 per walk for 30 minutes/Pet Sitting

PAYMENT FOR SERVICES: Cash Check Venmo

CLIENT INFORMATION

FULL NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

GARAGE/ALARM CODE:

EMERGENCY CONTACT

NAME:

RELATIONSHIP:

PHONE:

EMAIL:

Client Signature:

Date:

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LEASH ADVENTURES SERVICE AGREEMENT

Liability Policy

- Leash Adventures and employees agree to provide services stated in this contract in a reliable and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives any and all claims against Leash Adventures or its employees, unless arising from gross negligence on the part of Leash Adventures.
- Leash Adventures cannot be held responsible for dogs that cause damage to furniture, carpet, flooring/woodwork, walls, etc. While walker is not present.
- Leash Adventures cannot be responsible for dogs that bite, suffer an accidental death or escape from faulty fencing or from inside the home due to faulty screens, doors, etc.
Leash Adventures cannot be responsible for any complications dogs may suffer or actions of dogs while they are unattended.
- Leash Adventures or its employees shall not be held responsible for the loss, injury, death, or actions of any dog that the client has let outside or has instructed the walker to allow outside while walker is not present. This includes dogs with doggie doors and outdoor dogs.
- The client understands that all dogs must have a veterinarian and must be up to date on the rabies vaccination. Client agrees to reimburse Leash Adventures for all costs (including, but not limited to, medical care and lost wages) associated with contracting any ailments while exposed to dog(s).
- Leash Adventures does not accept aggressive dogs. Client agrees to be responsible for all costs (including, but not limited to, medical care, attorney fees, etc) if client's dog should bite another person or animal.
- Leash Adventures will not walk unruly or untrained dogs or dogs that choke themselves on their leash. All dogs must be walked on a leash, no exceptions.
- Leash Adventures does not diagnose, prognose, or make therapy decisions, nor does it offer veterinary services. Any veterinary/medical concerns will be referred to a veterinarian.
- Client is responsible for making arrangements for snow removal. Visits may not be made in snow covered driveways and/or walkways because of safety concerns.
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Cancellation Policy

Cancellations must be received within 24 hours of scheduled visit in order to be credited for the daily walk fee. Leash Adventures reserves the right to deny service or terminate service because of safety concerns, financial concerns, or inappropriate or uncomfortable situations. BUSINESS HOURS: Business hours fall between the hours of 9 a.m. and 9 p.m. and services are usually completed during this time unless we are behind schedule. Leash Adventures will not accept time specific calls as we can not guarantee specific times accurately. A two hour window is acceptable.

Bad Check Policy

A \$30 fee is assessed on all returned checks. All fees are due promptly and must be paid via cash or money order only.

Emergencies

- Client agrees to authorize Leash Adventures to handle any emergencies that may arise. Leash Adventures will make every effort to contact client. In the event client cannot be contacted, client authorizes Leash Adventures to use their best judgment and to be available at an hourly rate of \$30 to oversee the circumstances.
- Leash Adventures requires you to have a responsible party to take care of your dog(s) in the event of unforeseen circumstances such as illness and in the event of inclement weather or a natural disaster. It is best your emergency contact is a neighbor so they can reach your home. Leash Adventures is not responsible for dogs in these circumstances

Payment Agreement

Payment is expected before services are rendered. In the event of additional unforeseen visits or other costs (such as food, supplies, or vet fees), payment is expected within 5 days of the completion of services or a late charge of \$20 will be applied monthly. By signing below the client fully understands and agrees to the contents of this agreement.

Client Signature: _____ Date: _____

Client Name:	Client Number:
Pets:	File:

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VETERINARIAN RELEASE FORM

PET INFORMATION	VETERINARIAN INFORMATION
Type(s):	Veterinarian:
Name(s):	Address:
Birth date(s):	Phone:

Known Medical Conditions: _____

During my absence, Leash Adventures will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return. I, _____ give Leash Adventures permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorize Leash Adventures to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Hospital. I give my permission to Leash Adventures to approve treatment up to \$_____ (Input maximum dollar amount or "no limit").

I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees. I agree that Leash Adventures is released from liability related to transportation to and from veterinarian and treatment for sickness or emergency. This release will remain valid for all current and future visits unless a new release is signed.

Client Signature: _____ Date: _____

<i>Client Name:</i>	<i>Client Number:</i>
<i>Pets:</i>	<i>File:</i>

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PET INFORMATION SHEET		
PET NAME:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED/NEUTERED	
BREED:	COLOR/MARKING:	
LEASH/COLLAR DESCRIPTION/LOCATION:		
FEEDING TIME:	TREATS:	
FEEDING INSTRUCTIONS:		
PRECAUTIONS (other dogs, people, scared of. Allergies):		
WEATHER RESTRICTIONS:		
MEDICATION INSTRUCTIONS:		
NAME:	DOSAGE:	TIME:
CURRENT ON VACCINES: <input type="checkbox"/> RABIES CANINE: <input type="checkbox"/> BORDATELLA <input type="checkbox"/> DISTEMPER/PARVO FELINE: <input type="checkbox"/> FVRCP <input type="checkbox"/> LEUKEMIA		
WATER LOCATION:		
<input type="checkbox"/> TAP WATER <input type="checkbox"/> BOTTLED WATER <input type="checkbox"/> FILTERED WATER		
CLEANING SUPPLIES:		
WASTE DISPOSAL PREFERENCE:		
TEXTS & PHOTOS: Would you like to receive occasional pictures and updates about your pet?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide email or text number:		
<input type="checkbox"/> Yes, I have read the Veterinarian Release Form		

Client Name:	Client Number:
Pets:	File:

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PET SITTING GUIDELINES AND POLICIES

1. Pet Sitting visits are 3-4 times/day beginning at 7-8 a.m. The latest regular visits are scheduled for 8-10 p.m.,
2. Visit times: Leash Adventures will visit at the requested times as closely as possible. However, if we are caring for multiple pets, the times may be shifted a little to accommodate our clients. We will do our very best to arrive at the appointed times.
3. Inclement Weather: In the event of inclement weather, Leash Adventures has requested on your contract the name and number of an emergency contact. If Leash Adventures is physically unable to reach your home due to impassable roads, please provide us with this information so we can contact this person to request assistance. Your pets' health and well-being is our utmost concern and we will contact you as soon as possible to keep you informed of these events.
4. Additional Pet Care Assistance and Other Scheduled Services: We all want our pets to have all the love and attention they deserve, but please be advised that if there are other persons entering and leaving your home, Leash Adventures can not be held liable for any damages or problems that may arise as a result. Please inform us at the time of the consultation if anyone who will have access to your home while you are away. This includes cleaning services, repair persons, friends, family and neighbors. Leash Adventures does not accept liability for other persons who will be in your home during pet care and health services.
5. Vaccinations: Leash Adventures requires that all pets have the necessary vaccinations before service begins. We may ask to see expiration dates for rabies vaccinations.

START DATE: _____ AM/PM END DATE _____ AM/PM

TRAVEL INFORMATION

Date/Time leaving _____ Date/Time Returning _____

Contact Information _____

Emergency Contact Name/Number _____

Does this person have a key to your home? Yes No

Will anyone else be in your home during your absence? _____

Others who have access to your home? _____

HOME CARE INFORMATION

Collect Mail Yes No Collect Paper Yes No Water Plants Yes No

Alternate Lights Yes No Open & Close Curtains Yes No Trash Cans Yes No

TV/Radio On Yes No Other _____

ALARM/DOOR/GARAGE CODES

Alarm code(s): _____ Location of keypad _____

Alarm Company _____ Phone number: _____

Instructions: _____

<i>Client Name:</i>	<i>Client Number:</i>
<i>Pets:</i>	<i>File:</i>