



Leaside Dog Walkers

Your Friendly Neighbourhood Dog Walkers!

Owner/Operator: Alison Smith
Phone: (647) 783-4946
Email: info@leasidedogwalkers.com

Client Name: _____ Address: _____

Phone: _____ Cell: _____ Email: _____

Where did you hear about Leaside Dog Walkers? _____

Emergency Local Contact Name: _____ Phone: _____

Cat's Name/s: _____ Age: ____ Breed/Type: _____

IDEALLY, DAILY VISITS ARE BEST. WE REQUIRE A VISIT EVERY OTHER DAY AS A MINIMUM
DURING YOUR ABSENCE

BASIC SERVICES INCLUDE ALL OF THE FOLLOWING:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Feed | <input checked="" type="checkbox"/> Mail pick up |
| <input checked="" type="checkbox"/> Fresh water | <input checked="" type="checkbox"/> Administer medication |
| <input checked="" type="checkbox"/> Clean litter box and dispose of waste | <input checked="" type="checkbox"/> Play session |

Have pet sitters visited your cat(s) in the past? ___ Yes ___ No

Do your cats hide when sitters enter the home? ___ Yes ___ No

Please describe in detail your cat(s) favorite hiding spots (it is our policy to never exit a home unless we see the cats in our care):

*We request that rooms that they do not frequent be closed off before our visits including closets.

*We do not accept outdoor cat clients unless the cat(s) remain indoors during our cycle of visits.

Frequency of Visits per Requested dates:

Time Frame Requested: AM: _____ Midday: _____ PM: _____

Where are your cat carriers stored?

Would you like us to give treats during our visits? Explain your method of giving treats.

Any Known Allergies or Stomach Sensitivities?

Health Issues:

When was your cat(s) last fecal test? _____

Any urinary tract issues or blocks now or in the past?

Are there any "accidents" outside the litter box?

Are your cat(s) prone to hairball or hasty eating vomiting?

Declawed?

How often do you trim your cats' nails? _____

*It is helpful if your cat's nails are trimmed prior to our visit.

Medication: _____ How often: _____ Dosage: _____

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Feeding: _____ Amount: _____ Frequency: _____

Please describe in detail your Cat(s) Personality/Likes/Dislikes/Fears/Anxieties/Activity level/ & anything else you feel we should know to make your cat(s) comfortable in your absence:

VET INFORMATION:

Please ensure that your veterinarian has your payment information on file.

Vet Clinic Address: _____ Phone: _____

Payment and Policies:

Leaside Dog Walkers requires payment in advance, prior to the first day of a walk/visit. Payments can be made using our online booking system. Cancellation must be provided at least 24 hours prior to the visit. Less than 24 hour notice will incur a one visit fee (with the exception of an emergency). See our website for services and rates.

*Note: Times may vary slightly when dealing with live animals, however, Leaside Dog Walkers consistently strives to adhere to the clients' requested time slots.

CONTRACT

This is a contract between Leaside Dog Walkers and the pet owner whose signature appears below (hereinafter called "Owner").

1. Representations

Owner represents that the application form filed and signed is true and accurate and that the pet does not suffer from any condition, illness, or otherwise that could affect said pet's safety or the safety of others.

2. Acknowledgment of Risks and Responsibilities

Owner acknowledges that there is a risk of injury or illness in their absence with such risks including but not limited to injuries or illness resulting from not being supervised when the home is empty. Owner agrees to hold Leaside Dog Walkers (Alison Smith) harmless for injury or death as a result of any incident while the home is empty except to the extent that the damage is due to gross negligence. Owner further agrees to hold Leaside Dog Walkers (Alison Smith) harmless and free of indemnity against all costs, fees, and losses resulting from any claim made against them.

3. Medical Bills

If the pet requires medical care, owner agrees to be solely responsible for the payment of all medical bills for your pet and owner releases Leaside Dog Walkers (Thomas Veith / Christine Veith) from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian or animal hospital.

4. Owner Liability

Owner agrees to be held responsible for any damages incurred by pet including, but not limited to, the destruction of property and injury to other people and pets, while under the care of Leaside Dog Walkers (Alison Smith).

5. Medical Release

Owner authorizes the release of pet's medical records to Alison Smith with all costs of such disclosure to be the sole responsibility of the owner.

I REPRESENT THAT I HAVE MADE FULL DISCLOSURE AND HAVE READ, UNDERSTAND, ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT, AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON BOTH PARTIES.

Owner Signature: _____ Date: _____

Leaside Dog Walker's Signature: _____ Date: _____

Thank you for your business!