



WAGS'N'WOOFS SERVICE AGREEMENT

This agreement between Wags'n'Woofs Dog Care, and _____
(hereinafter referred to as "client")

Who resides at: _____

This agreement constitutes permission to enter above address and perform duties as outlined in the Dog 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. Wags'n'Woofs 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: \$ _____ per walk / Adventure Trip

Additional Services:

PAYMENT FOR SERVICES: cash Transfer

KEY RELEASE: kept by walker for future use N/A

PARKING CARD/FOB RELEASE: kept by walker for future use N/A

Any medical/health concerns:

www.wagsnwoofs.co.nz
wagsnwoofsdogcare@gmail.com

WAGS'N'WOOFS SERVICE AGREEMENT

POLICIES AND PROCEDURES

- Wags'n'Woofs 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 Wags'n'Woofs or its employees, unless arising from gross negligence on the part of Wags'n'Woofs.
- Wags'n'Woofs cannot be held responsible for dogs that cause damage to furniture, carpet, flooring/woodwork, walls, etc. while walker is not present.
- Wags'n'Woofs 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.
- Wags'n'Woofs cannot be responsible for any complications dogs may suffer or actions of dogs while they are unattended.
- Wags'n'Woofs 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 all vaccination. Client agrees to reimburse Wags'n'Woofs for all costs (including, but not limited to, medical care and lost wages) associated with contracting any ailments while exposed to dog(s).
- Wags'n'Woofs 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.
- Wags'n'Woofs 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.
- All dogs allowed off lead by owners must have an adequate level of recall, Wags'n'Woofs reserves the right to keep dogs on leash.
- Wags'n'Woofs takes all precautions possible to protect your dog in public, it is your responsibility to ensure it is trained and good off lead.
- Wags'n'Woofs does not diagnose, prognoses, or make therapy decisions, nor does it offer veterinary services. Any veterinary/medical concerns will be referred to a veterinarian.
- Wags'n'Woofs will not be responsible for any keys the client has asked to be mailed.

CANCELLATION POLICY: Cancellations must be received within 24 hours of scheduled visit in order to be credited for the daily walk fee. Wags'n'Woofs Reserves the right to deny service or terminate service because of safety concerns, financial concerns, or inappropriate or uncomfortable situations.

BUSINESS HOURS: Business and visiting hours fall between the hours of 8 a.m. and 5 p.m. and services are usually completed during this time unless we are behind schedule. Wags'n'Woofs will not accept time specific calls as we cannot guarantee specific times accurately. A two hour window is acceptable.

EMERGENCIES:

- Client agrees to authorize Wags'n'Woofs to handle any emergencies that may arise. Wags'n'Woofs will make every effort to contact client. In the event client cannot be contacted, client authorizes Wags'n'Woofs to use their best judgment and to be available at an hourly rate of \$30 to oversee the circumstances.
- Wags'n'Woofs 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 neighbour so they can reach your home. Wags'n'Woofs is not responsible for dogs in these circumstances.

PAYMENT ARRANGEMENT: 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: _____

www.wagsnwoofs.co.nz

wagsnwoofsdogcare@gmail.com



DOG INFORMATION SHEET

PET DETAILS

Name _____

Breed _____ Spayed/Neutered _____

Colours/Markings _____ Lead/Collar Description _____

Vaccination Details: please provide copies of vaccination records _____

OWNER DETAILS

Name _____ Phone _____

Email _____

Address _____

EMERGENCY CONTACT _____ Phone _____

Allowed Treats _____

Allowed Off Lead _____

Walk Pointers/Special Instructions:

www.wagsnwoofs.co.nz

wagsnwoofsdogcare@gmail.com

Commands/Tricks your dog knows

Precautions [other dogs, people, scared of, allergies]:

Weather Restrictions: _____

Vet Clinic: _____ Vet Phone: _____ Maximum Vet Coverage: _____

Anything else we should know? _____

I, _____, have entered the above information as
Truthfully and accurately as possible.

Client Signature: _____ Date: _____

*This form will be kept on file for all future visits.

Bank Details

Wags'n'Woofs Limited

38-9018-0043747-00

Reference : Dog Name / Surname

www.wagsnwoofs.co.nz

wagsnwoofsdogcare@gmail.com



VETERINARIAN RELEASE FORM

PET INFORMATION

Name: _____

Breed: _____

Birthdate: _____

VETERINARIAN INFORMATION

Veterinarian: _____

Address: _____

Phone: _____

During my absence, Wags'n'Woofs Dog Care 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 Wags'n'Woofs permission to transport my pet(s) to the above veterinarian and authorise treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorise Wags'n'Woofs to transport my pet(s) to a veterinarian of choice and authorise 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 Wags'n'Woofs 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 Wags'n'Woofs 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

Client Signature: _____

Date: _____

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