

# Dog walking questionnaire

Your name ,address and telephone number :-

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Mobile Telephone Number (in case of emergency):- .....

Is it ok to call mobile number anytime? Yes/No

Vets Name ,Address & Number (in case of emergency):-

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Dogs Name:- ..... Age:-..... Sex :- Male /Female

What breed is your dog? :- .....

Is your dog child friendly ? yes/no

Does your dog wear a collar with ID tag and is your dog micro chipped?:- yes/no

Has your dog been neutered?:- Yes/No

If your dog is female and not been neutered what arrangement would you like during her next season ,ie lead exercise only?

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Has your dog ever shown signs of aggression?:- Yes/No

If yes please give details

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Is your dog scared of loud noises? ie fireworks ,thunder :- Yes/No

Can your dog be let off the lead:- Yes/No

Does your dog chase joggers/cyclists? :- Yes/No

Does your dog travel well in the car? :- Yes /No

Please provide emergency contact name and number

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Please provide any details about your dog and its behaviour that you deem necessary.

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Disclaimer

Whilst I (Ruth Page) will look after your dog to the best of my ability I cannot undertake responsibility for any medical problems that may occur whilst your dog is in my care (ie cut paw) therefore I cannot be held responsible for any vet bills.

Payment Terms and conditions

Payment must be made by cash or cheque on the last walk of the week.

Bank Holiday Surcharges

Christmas Eve ,Christmas Day ,Boxing day ,New Years Eve, New Years Day ,Good Friday ,Easter Sunday and Easter Monday will incur double charges.

All other bank holidays will incur a 50% surcharge.

Cancellation policy

If you need to cancel a dog walk I would appreciate as much notice as possible .

To cancel the contract between us a notice period of two weeks must be given.

Please note that if at any time your dog shows any signs of aggression to myself another person or another dog I will immediately terminate the contract between us.

I (the owner) give permission for Ruth Page to walk my dog and I confirm that I understand that Ruth Page is not liable for any vets bills.

I am signing to confirm that I have read the payment terms and conditions and the cancellation policy.

Date .....

Signed .....