



Service Agreement

Client & Dog Information

1 st Client's Legal Name	2 nd Client's Legal Name
1 st Client's Preferred Name and Pronoun	2 nd Client's Preferred Name and Pronoun
1 st Client's Cell Phone	2 nd Client's Cell Phone
1 st Client's Other Phone	2 nd Client's Other Phone
1 st Client's Email	2 nd Client's Email
1 st Client's Home Address	
2 nd Client's Home Address (if different)	
1 st Dog's Name	2 nd Dog's Name
1 st Dog's Breed and Gender	2 nd Dog's Breed and Gender
Spayed/Neutered?	Spayed/Neutered?
Birth and Adoption Dates (approximate ok)	Birth and Adoption Dates (approximate ok)
Up to Date on Vaccinations?	Up to Date on Vaccinations?
Current License # and City	Current License # and City
Previous walking, play date, day care and/or boarding services:	
Current fitness routine (include mode, frequency and duration) and/or restrictions:	
Current feeding/treat routine (include products, quantity and frequency):	
<p><i>I will ensure (and provide verification) that my dog(s) maintain current vaccinations (including Bordetella, Distemper, Leptosperosis and Rabies) and wear a current city license. Family Dog Walkers is not liable for any fines incurred if my dog(s) is/are not wearing such identification.</i></p> <p style="text-align: right;">1st Client's Initial _____</p>	

FDW Team's cell: (510)988-5860

Winter's cell: (510)282-5190

Winter's email: winter@familydogwalkers.com



Service Agreement

Behavioral Information

Known behavioral issues and bite history:

Special commands, instructions, precautions or behavioral notes:

*I have provided (and agree to update) **Family Dog Walkers** with complete and accurate information regarding any bite history, similar incidents, hazardous tendencies and/or behavioral instructions pertaining to my dog(s).*

1st Client's Initial _____

Emergency & Medical Information

1 st Emergency Contact's Name (not Client)	2 nd Emergency Contact's Name (not Client)
1 st Emergency Cell Phone	2 nd Emergency Cell Phone
1 st Emergency Email	2 nd Emergency Email
Veterinary Office and/or Vet's Name	
Veterinary Office Phone and Email	
Veterinary Office Address	
Current allergies, medications, medical issues and instructions:	
Other medical history:	
<p><i>I have provided (and agree to update) Family Dog Walkers with complete and accurate information regarding my dog(s) medical history and care. I will share timely updates regarding my dog(s) medical condition and authorize Family Dog Walkers to seek medical care in the event of my dog(s) injury or sickness and approve treatment of up to \$_____ by the above-named veterinarian, or an appropriate alternate.</i></p>	
1st Client's Initial _____	

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Payment Agreement

Family Dog Walkers provides **Client(s)** with current pricing on the www.familydogwalkers.com website. Included there is additional information about cancellations, holidays, service minimums, etc. Invoices are emailed to **Client(s)** at the beginning of each month for services provided the preceding month (unless the service schedule is irregular in which case an invoice will be sent immediately following the service provided). Acceptable forms of payment are check, PayPal and Venmo.

Checks may be provided in person (do not mail) and made payable to: **Family Dog Walkers**

PayPal ID: winter@familydogwalkers.com
Venmo ID: Winter-Williams-7

*I have reviewed the pricing and cancellation information provided on www.familydogwalkers.com and agree to make prompt payments within 15 days of receiving an invoice. I agree to also reimburse **Family Dog Walkers** for unforeseen costs (including but not limited to food, supplies, vet fees and property damage).*

1st Client's Initial _____

Liability Waiver

*I am and will remain responsible for the actions of my dog(s) at all times and agree to indemnify, release, and hold harmless **Family Dog Walkers** of any and all claims, whether made by myself or any third party, of injury, expense, costs, or damages caused by the actions of my dog(s) while under **Family Dog Walkers** care. If my dog(s) become(s) unruly or aggressive, **Family Dog Walkers** may refuse in its sole and absolute discretion to perform services.*

*I understand **Family Dog Walkers** will endeavor to offer only sound, safe, and responsible care for my dog(s) and that there are risks inherent in walking, socializing, boarding and transporting my dog(s), including but not limited to interactions with other dogs and potential exposure to injury, disease and parasites such as but not limited to animal bites, fleas, ticks, poison oak, foxtails, burs and traffic accidents.*

*I also agree to notify **Family Dog Walkers** as soon as possible if a human in a household where my dog(s) resides is diagnosed with a contagious and/or life-threatening illness such as COVID-19.*

1st Client's Initial _____

Media Consent

*I grant **Family Dog Walkers** permission to use and publish pictures and/or videos of my dog(s) with other clients, as well as on **Family Dog Walkers'** website, Instagram, Facebook and/or Yelp accounts.*

1st Client's Initial _____

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Acknowledgement

*This Service Agreement constitutes the complete and entire agreement by and between the **Client(s)** and **Family Dog Walkers**. Any changes must be in writing and signed by both parties. No waiver of any provision of this Agreement, or any breach, by either party, shall be deemed to be a waiver of any other provision. The terms addressed within will begin on the later of the dates below and continue until revised or one party gives the other written notice of termination. A complete and accurate copy of this agreement is as valid as the original. This agreement is made valid by in-person signatures or upon receipt of a signed, scanned copy by email.*

1st Client's Signature and Date _____

Authorized Family Dog Walkers Representative's Signature and Date _____

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