

BW Pet Services

2 Market Square

Stony Stratford

Milton Keynes

MK11 1BE

07308975983

Walking Booking Form

| Owner Into | ormation | | | | | | | |
|---------------------------------------|--------------|---------------|---------------|------------------|--------|-----------|--------|--|
| Name: Mr, | /Mrs/Miss F | irst Name: | | Surn | iame: | | | |
| Address: | | | | | | Postcode: | | |
| Home Pho | ne: | | | Work Pho | ne: | | | |
| Mobile Ph | one: | | | Email: | | | | |
| Emergency | y Contact Na | me: | | Telephone | : | | ••••• | |
| Booking D | etails | | | | | | | |
| Arrival Tim | ne: | | Retur | n Time: | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | |
| Time of Visit | | | | | | | | |
| Walk Duration | | | | | | | | |
| Pet Inforn | nation | | | | | | | |
| Name: Breed: | | | | | DOB: | | | |
| Sex: M/F | Chipped | : Y/N | Spayed | d/Castrated | | | | |
| Vaccinated | i: Y/N | reated for Fl | eas/Worms Y/N | Date | ••••• | | | |
| Name: | | | Breed: | | | DOB: | | |
| Sex: M/F Chipped: Y/N | | | Spayed | Spayed/Castrated | | | | |
| Vaccinated: Y/N Treated for Fleas/Wor | | | eas/Worms Y/N | rms Y/N Date | | | | |

| Veterinary Information |
|--|
| Name of Veterinary Surgeon: |
| Address of Practice: |
| Telephone Number: |
| Do you have pet insurance? Y/N |
| |
| Please give details of any health conditions and |
| medications: |
| |
| |
| |
| • |
| Feeding (If required) |
| Time of |
| Feed: |
| Type and Quantity of food to be provided: |
| |
| Treats, type and frequency: |
| |
| Exercise |
| Frequency & Duration: |
| Preference of walk |
| location: |
| Location of suitable harness/lead: |
| Where does your pet live (e.g. inside/garden): |
| Are there any 'off limits' areas in the house: |
| Does your dog have specific command to "go to the |
| bathroom"? |
| Please give details of any other information that would be relevant or useful: |

| I agree to pay £15 per walk, plus £5 per walk for each additional dog as discussed and agreed to the policies and procedures. | | | | | |
|--|--|--|--|--|--|
| Are you happy for photos of your pet(s) to be posted on BW Pet Services Facebook Page? YES/NO (No personal information would be disclosed) | | | | | |
| Signed (Owner): | | | | | |
| Print Name: | | | | | |

Off Lead Disclaimer

| walk my dog off its lead during any walk undertaken during my absence. |
|--|
| I understand the potential consequences that could occur to my dog or to other dogs if walking my dog off the lead while in the care of the Service Provider. I agree to release The Service Provider from all liability including its members, agents, managers, and employees should my dog become lost, injured or otherwise harmed which may result in my dog being walked off the lead. Off lead walking will only commence if the service provider deems it safe to do so. We never guarantee that we will walk dogs off-lead, even if arranged, as it depends on many factors such as weather, location, other dogs at the location, current behaviour of client's dog etc. |
| Walking off-lead may only be for a section of the walk, not the full duration. |
| The Service Provider agrees to exercise all reasonable and due care to prevent injury or death to my dog off the lead - however, in the event of injury/ death, except those caused by reckless acts on the part of The Service Provider, the Service Provider will not be held liable for such injury/death of my dog as a result of off-lead walking. |
| I freely and voluntarily enter into this contract of permission with the Service Provider and fully understand the above conditions. This permission can be part of the Service Agreement but cannot replace the Service Agreement in part or in full. |
| SIGNATURE:DATE: |