



Client Info

Client Name:				
Spouse:				
Address:		Unit:	City:	Province:
Postal Code:	Cell Phone:		Work Phone:	
Alarm Code:			Email:	
Other Key Holders:			Contact:	

Dog(s) Info

Dog Name:		Breed:		
ID Number:	Age:	Colour:	Sex:	

Dog Name:		Breed:		
ID Number:	Age:	Colour:	Sex:	

Dog Name:		Breed:		
ID Number:	Age:	Colour:	Sex:	

General Care Info

Brand of Food:		Portion:	Times Per Day:
Treats Allowed:		Other Treats Ok?	
Dietary Restrictions:			
Behavioural Issues:			
Special Instructions and Notes:			

Client Initial

Services

Dog Tired Toronto High Energy Walks	
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
Number Of Dogs:	<input type="checkbox"/> Varied Walks Upon Request
Dog Tired Toronto In-Home Boarding & Accommodations	
<input type="checkbox"/> In-Home Boarding <input type="checkbox"/> Dog Tired Toronto Home	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
Number of Dogs:	<input type="checkbox"/> Services Upon Request
Start Date:	

Waiver and Policies: I understand that Dog Tired Toronto's pack walks only accept dogs that are a minimum of 6 months of age, spayed or neutered as well as current and up to date with vaccinations. I understand that it is my responsibility to inform Dog Tired Toronto of any changes in vaccination records. Dog Tired Toronto assumes that with this agreement being signed that my dog(s) are licensed within the city of Toronto bylaws. I also understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.

Further, I am and will remain responsible for the actions of my dog(s) at all times and I hereby agree to indemnify and hold harmless all employees, agents, owners, and subcontractors of Dog Tired Toronto of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under all employees, agents, owners, and subcontractors of Dog Tired Toronto care and under my own care as a result of following any instructions given to me by them. I understand that I am solely liable for all medical care expenses and dangers that result from injuries caused by my dog(s).

I have disclosed to Dog Tired Toronto all known risks, dangers and medical conditions associated with my dog(s). I authorize all employees, agents, owners and subcontractors of Dog Tired Toronto to take actions that they deem as necessary to ensure the health, well-being and safety of my dog(s) and to take reasonable action to resolve any medical problems that may arise while my dog(s) is in their care. I agree to assume full financial responsibility for any and all expenses incurred as a result of their actions. I understand that all employees, agents, owners and subcontractors of Dog Tired Toronto is expected to make a reasonable attempt to contact me before incurring such expenses, that they may need to incur such expenses if they can't reach me, and that an emergency situation could arise where it would not be feasible for them to contact me before the expense is incurred.

All employees, agents, owners, subcontractors and officers of Dog Tired Toronto will act with all due respect and caution in my home in my absence and I hereby agree to indemnify and hold harmless all employees, agents, owners, subcontractors and officers of Dog Tired Toronto of any and all claims of damages to my home.

Client Name

Witness Name

Client Signature

Witness Signature

Date

Date

Emergency Information

Emergency Contact:	Contact Number:
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Alternative Emergency Contact:		Contact Number:	
Vet Office:		Vet Name:	
Vet Address:	City:	Contact Number:	
Current Medications and Dosage:		Reasons For Medications:	
Important Medical History and Notes:			

Additional Information

Notes:
Vaccinations up to date: Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Care Policy: I authorize emergency medical care to be provided by the above-named veterinarian, or an appropriate alternate to be determined by all employees, agents, owners, and subcontractors of Dog Tired Toronto in the event that my regular veterinarian is not available or that closer care is required for my dog's medical care. I will reimburse Dog Tired Toronto for any and all charges related to any and all medical costs incurred.

Payment Policy: There will be a \$25.00 fee charged for any returned checks. All invoices must be paid on time and by the date specified on the invoice. Late payments will result in a \$10 late fee for every day after the payment date.

Cancellation Policy: Dog Tired Toronto requires a 24 hour cancellation notice or the client will be required to pay that days scheduled walk fee. If Dog Tired Toronto is unable to access the client's dog(s) due to problems with doors or keys, client will be required to pay that days scheduled walk fee. If dog is not on the premise for agreed upon pick up time, client will be required to pay that days scheduled walk fee. Dog Tired Toronto reserves the right, in its sole discretion, to cancel walks due to weather, national emergency, and/or other emergencies. You will be notified of any cancellations. In the best interest of both the Owner's dog and the Walker, walks will not be occurring if the temperature is below -35 degrees Celsius (inclusive of wind chill) or above 35 degrees Celsius.

Grooming Policy: Dog Tired Toronto will do their best to keep dog(s) as clean as possible during and after walks. Clients should leave out towels near entranceway that will be used for wet or muddy weather conditions. Dog Tired Toronto will not be responsible for bathing or brushing dog after walks.

Media Release Policy: I authorize Dog Tired Toronto to use my dog(s) in photos and social media. I understand Dog Tired Toronto owns all rights to any media incorporating my dog including photos & videos and may continue to use any of that media after I stop using their services.

Client Name

Witness Name

Client Signature

Witness Signature

Date

Date