



DOG WALKING/PET SITTING & WAIVER FORM

I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending walks, pet sitting or any activities with **Tail Wagners Kelowna**. I assume all related risks, both known or unknown to me, of my participation in this service.

I also understand and agree that in releasing my dog(s) in **Tail Wagners Kelowna's** care, **Tail Wagners Kelowna** has relied upon my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

I further understand that due to the way that dogs interact with one another, minor cuts and scratches can occur even though the dogs are carefully supervised at all times.

While my dog(s) is/are in the care and custody of **Tail Wagners Kelowna**, if I am unreachable in the event of an emergency, I hereby authorize **Tail Wagners Kelowna**, its agents, and/or representatives to seek immediate veterinary care for my dog. I agree to be financially responsible for any and all costs in connection with, veterinary, medical or other treatment. I am aware and understand that I should carry my own pet insurance.

I hereby release and agree to save and hold harmless, **Tail Wagners Kelowna**, it's directors, officers, shareholders, employees, assistants, members and agents from any and all liability, claims, including claims of Tail Wagners Kelowna's negligence, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify **Tail Wagners Kelowna** for any and all such liability, claims, suits, actions, losses, injury or damage.

I certify that I have read and understand the rules and regulations set forth herein and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement and confirm the truthfulness of the contents of the Application form completed by me.

Although we carefully screen all applicants, occasionally we discover that this is not an appropriate service for every dog. **Tail Wagners Kelowna** reserves the right to permanently remove a dog from our services at any time.

DOG(S) NAME(S) _____

SIGNATURE OF OWNER _____ DATE _____

PRINT NAME OF OWNER _____

TAIL WAGGERS REPRESENTATIVE _____



DOG WALKING/PET SITTING APPLICATION

Owner Information

Name _____

Address _____

City _____ Postal Code _____

Phone _____

Evening Phone _____

Emergency Contact _____

E-Mail Address _____

Dog Information

Name _____

Breed _____

Sex (circle one) F or M Spayed/Neutered (circle one) Y or N

Birthday _____ Age _____

Vet Name & Phone # _____

Vet Address _____

Does Your Dog Possess Current Vaccinations Or Titters For Bordetella, Rabies, DHPP (Distemper,

Hepatitis, Parainfluenza, Parvovirus)? _____

Has your dog been to any dog parks? If so, how did they play and interact with the other dog(s)?

Has your dog ever attempted to bite another dog or person? If yes, please explain

Is your dog toy or food possessive? If yes, please explain.

Has your dog ever been in a fight with another dog? If yes, please explain.

Any medical conditions we need to know regarding your dog?

Has your dog been to any obedience classes? If so, what classes and where?

Please list any meds and/or feeding times you want us to follow.

Does your dog have any problems with dogs smaller or larger than they are?

Tail Wagners Kelowna will be picking up and dropping off your dog on most occasions. Do you have any special requests? i.e. alarm code set or disarm, heat/ac, television, etc.

Please tell us how you heard about us.