

In the lead dog walking

Robert Vandervenne
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East York, Ontario
M4K 3N3
www.inthelead.ca
info@inthelead.ca

Dog Walking Contract and Profile
PLEASE PRINT CLEARLY IN BLUE OR BLACK INK
FILL IN ALL THE APPLICABLE FIELDS TO THE
BEST OF YOUR KNOWLEDGE

Pet's Name _____ **Home Phone:** _____
Your Name _____ **Work Phone:** _____
Partner/Spouse _____ **Cell Phone:** _____
Address _____ **Work (Spouse/Partner)** _____
_____ **Cell (Spouse/Partner)** _____
Email _____

How did you find In The Lead? _____

Emergency Contact

Please circle yes or no if they have a copy of your house key. They should be able to make a decision about the care of your pet(s) or home if we cannot reach you in the case of an emergency.

Name: _____	Relation _____	Phone _____	Key Y/N
Name: _____	Relation _____	Phone _____	Key Y/N
Name: _____	Relation _____	Phone _____	Key Y/N
Name: _____	Relation _____	Phone _____	Key Y/N

Should I be expecting anyone at your home or in your home during your absence? Y/N
If yes, who? _____

Veterinary Information

Name of hospital _____
Preferred Doctor _____
Address _____

Phone Number _____

X _____ (PLEASE INITIAL)

Home Security

Do you want our company to keep a copy of your keys on file (see information) Y/N

If you want your keys returned after service is terminated, please indicate your preferred method :

- 1) Deliver in person
- 2) Registered mail (a fee will apply)
- 3) Leave hidden outside of your house (do not write where on this contract)

**Circle door of entry: front door side door back door garage door

To be locked: deadbolt door handle both

**Circle only if you have an attached garage: door from garage to house LOCKED UNLOCKED

Set Alarm Y/N

**Alarm system panel(s) is located _____

**Alarm Company: _____ Phone Number: _____

****DO NOT WRITE ALARM CODE ON THIS CONTRACT. WE WILL DISCUSS ALARM USE AT THE PRE-SERVICE MEETING.**

Dog Profile

Name _____ Breed _____ Age/DOB _____

Male/Female Spayed/Neutered Y/N Color(s) _____

Distinguishing Features _____ Micro chipped Y/N

City License Number _____

Favorite toys or games _____

Treats/Kongs _____

Food allergies/restricted foods _____

Major medical conditions (past or present) _____

Medications (name, dosage, frequency) _____

Has your dog ever shown signs of aggression towards a person or other animals/dogs (hackles, growls, lunges, air snaps or contact bites) _____

****IF YOUR PET IS REACTIVE TOWARDS OTHER DOGS OR UNFAMILIAR PEOPLE THEN ADDITIONAL FEES WILL APPLY-A BEHAVIOR EVALUATION/ASSESSMENT MIGHT BE NECESSARY BEFORE CONTACT OR SERVICE IS HONORED****

Any Restricted exercises by veterinarian _____

Restricted Access (rooms or furniture) _____

This dog loves _____

This dog hates _____

Any limited or impaired sensory functions (blind or deaf) _____

Any behavioral concerns or issues (resource guarding, storm phobias, separation anxiety, sibling rivalry etc) _____

Please tell us where you keep the following items and any instructions on their use

Leash _____ Treats _____

Collar/Harness _____ Main indoor garbage _____

Crate _____ Cleaning supplies _____

X _____ (please initial)

REPRESENTATION ABOUT YOUR DOG

- the undersigned is the only owner of the dog
- the dog is current on its rabies shots and other vaccinations
- the dog is in good health
- the dog obeys basic commands such as sit, stay, come and no
- the dog is friendly towards children and adults
- the dog is friendly towards other dogs and animals
- the dog is not nursing puppies
- the dog has never started a fight with another dog or animal
- the dog has never bitten a person
- the dog has never been declared a dangerous dog or potentially dangerous dog/vicious dog or potentially vicious dog by an agency
- the dog does not have be muzzled around people
- the dog is not a trained guard dog or protection dog

TERMS AND CONDITONS

- 1) the term of this contact shall be for daily_____ or weekly_____ walks
- 2) The fee for a walk is 60 minutes either individual or group walks. For daily walks Monday to Friday and a \$15 additional fee per walk if the dog is reactive or aggressive toward people or other animals including dogs
- 3) Payment is required at the end of the week and must include any additional fees or charges. Checks and cash are accepted at this time. The client understands this contact and takes responsibility for prompt payment of fees. The client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract permitting IN THE LEAD DOG WALKING SERVICE to accept telephone or email reservations for service and enter premises without any additional signed contracts or written authorization
- 4) IN THE LEAD DOG WALKING/ROBERT VANDERVENNE is authorized to walk the dog as outlined in this contract. The client agrees to the use of humane equipment such as head collars or specialized body harnesses. Robert will not use traditional "training" equipment such as prong or shock collars
- 5) IN THE LEAD DOG WALKING/ ROBERT VANDERVENNE is also authorized to seek any medical attention if deemed necessary with release from all liabilities related to transportation, treatment and expenses. Robert is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. The client agrees to reimburse IN THE LEAD DOG WALKING/ROBERT VANDERVENNE for any expenses incurred attending to this need.
- 6) In the event of personal emergencies or illness, Robert will do his best to notify client as promptly as possible and compensation given to client
- 7) The client is responsible for any costs/payments due to bites. If a bite occurs, Robert is responsible for reporting it to the authorities
- 8) All dogs will be required to be fully vaccinated and be licensed by their city
- 9) IN THE LEAD DOG WALKING/ROBERT VANDERVENNE reserves the right to terminate this contract at any time before or during this term.
- 10) Client understands that this contact is for walking only and will not include training.

X_____ (please initial)

Cancellation Policy

A minimum of 24 hours cancellation notice is required, except in the case of extreme emergency. Cancellations resulting with less than 24 hours notice may be charged at the full rate.

If the client wishes a total cancellation of all walking dates and services with IN THE LEAD DOG WALKING/ROBERT VANDERVENNE, please make these wishes made in writing.

Inclement Weather Policy

In the best interest of both your dog and Robert, walks will not be occurring if:

- 1) if the temperature is below -32 C
- 2) if the temperature is above 35 C (depending on the dogs age, health condition, coat and endurance)

In the event of inclement weather, the client can arrange a home visit by IN THE LEAD DOG WALKING/ROBERT VANDERVENNE. The dog will be given a potty break and then the rest of the time will be indoors. Activities may include but not limited to fetch, tug, recall games or hide and seek with toys or treats

DOG REQUIREMENTS

- 1) must be fully vaccinated and current- proof required from you veterinarian
- 2) must be licensed with your city or county (city bylaw)
- 3) have a safe and strong leash
- 4) have a flat collar with identification tags (name, license, contact numbers)
- 5) friendly with unfamiliar people
- 6) if your dog is reactive to unfamiliar people or unfamiliar dogs/animals a behavior assessment or evaluation is required prior to service with additional charges
- 7) appropriate muzzle is required

Equipment

Robert will recommend humane equipment and will not use traditional "training" equipment on your dog. You will be asked to purchase either a head collar or specialized body harness if you do not have the appropriate equipment

- 1) Gentle Leader or Halti
- 2) Sensation Harness by Soft Touch Concepts or Easy Walk Harness by Premier

House Keys

Two copies of your house keys are required. One is for daily use-the other is kept in a secure location as a back up in case of an emergency. All keys are coded and do not have your name or address written on them. If you do not have 2 copies ready for us at the pre-service appointment, we can make a copy for you for \$5.00

X _____ (please initial)

Leaving a key on file

This allows me to be available for short notice visits. All it takes is a phone call or email to set up future services. It can also be difficult to arrange drop off and pick up key visits that are convenient for you and I. Methods of key return are listed on the contract if you do not wish to keep on file for future needs.

House Codes/Garage Door Opener

I will accept an opener or code if that is the way you would prefer entry, however, a physical key is required in case of a power outage or malfunctioning equipment

Off leash

For liability issues, your dog will never be let off leash for any reason, except for any medical emergency. It is also a city bylaw to have dogs under leash control when off the owner's property.

Release of Liability

I do hereby waive and release IN THE LEAD DOG WALKING/ROBERT VANDERVENNE from any and all liabilities of any nature for the actions of myself, my pet(s) or any other person who accompanies me or holds a key to my home; except those arising from negligence or willful misconduct on the part of IN THE LEAD DOG WALKING. IN THE LEAD DOG WALKING agrees to provide all services in kind, humane, reliable and trustworthy manner. Client agrees to notify IN THE LEAD DOG WALKING of any concerns within 24 hours of their return. In the case of an emergency, inclement weather or a natural disaster I authorize IN THE LEAD DOG WALKING to use their reasonable judgment for the care and well being of my pet(s) and/or house.

I understand that IN THE LEAD DOG WALKING can terminate this contract if my pet becomes a threat to the safety of IN THE LEAD DOG WALKING or the community due to aggressive behavior. IN THE LEAD DOG WALKING is required to report any bite incidents to the authorities. I

(name)_____ acknowledge I am responsible for medical expenses and damages resulting in injury to ROBERT VANDERVENNE or any other person or animal caused by my pet(s). IN THE LEAD DOG WALKING reserves the right to refuse service to any client at any time for any reason.

I attest that all of the about information is true to the best of my knowledge. If anything changes from what is listed, I will inform IN THE LEAD DOG WALKING before the next service is scheduled.

This signed document gives IN THE LEAD DOG WALKING/ROBERT VANDERVENNE authorization to enter the above address as needed to perform the necessary service. I authorize this contract to be valid approval for services so as to permit IN THE LEAD DOG WALKING/ROBERT VANDERVENNE to accept all future telephone, email, mail or online reservations and enter my home without additional signed contracts or written authorizations.

X _____
Signature

X _____
Print name

PLEASE MAKE A COPY OF THIS CONTRACT FOR YOUR RECORDS.
IN THE LEAD DOG WALKING will obtain and review this original at the pre-service visit.

SERVICE REQUESTED (PLEASE CIRCLE)

ONCE TWICE THREE FOUR DAYS A WEEK OR FIVE CONSECUTIVE DAYS

DAYS MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY TIME(S)_____