

Marlow Dog Care
Day care and walking Agreement Form

Please complete and return this form to: Jeff Higgins
Coldharbour
Marlow Road
Marlow
SL7 3DE.

Agreement start date: ____/____/____

Walk Days: Mo Tu We Th Fr (please circle)

Price per walk/Per Day: £_____

Payable (daily/weekly): _____

Cheques to be made payable to: J Higgins

Owners Details:

Full Name: _____

Address: _____

Mobile: _____

Daytime: _____

Email: _____

Emergency phone No _____

Your Dogs Details:

1st Dog

Name: _____ Breed: _____ Age: _____

Sex: M/F: _____ Entire/Neutered: _____ Last Season: _____

Does your dog pull on the lead? _____ Does your dog return when called? _____

Worm/Flea treatment up to date? _____ Vaccination up to date? _____

Do you give permission to walk your dog off the lead? (Y/N) _____

2nd Dog

Name: _____ Breed: _____ Age: _____

Sex: M/F: _____ Entire/Neutered: _____ Last Season: _____

Does your dog pull on the lead? _____ Does your dog return when called? _____

Worm/Flea treatment up to date? _____ Vaccination up to date? _____

Do you give permission to walk your dog off the lead? (Y/N) _____

Vets Name and Address: _____

Vets Phone Number: _____

Micro Chipped? Yes/No

Insurance Company: _____

Policy No. _____

Expiry Date: ____/____/____

Dogs behaviour:

Has your dog ever shown aggressive behaviour towards people or animals ? (Y/N) _____

If yes please provide details: _____

Please give any other details that may be relevant: _____

Signature of owner: _____

Date: ____/____/____

I have read and understood the dog walking terms and conditions