



## Dog Walking Permission Agreement

Thank you for trusting Everyday Helper with your dog walking and check in visit needs! We're excited to spend time with your furry family members! Before we get started, please fill out the form below to give us some basic information about you and your pet(s) as well as to grant us permission to enter your residence when you are not present.

Name of pet owner(s): \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

What is the best way for us to contact you? Call / Text / E-mail (please circle one)

May we add you to our monthly newsletter? Yes / No

(Only 1 email per month. Features special offers and the latest news)

How did you hear about us? \_\_\_\_\_

In case of emergency when we are unable to reach you, who may we contact?

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Would you like for us to give you updates at each visit? Yes/No (please circle one). If yes, what do you prefer? Text/Picture/ note left (please circle one).**

Please list any requests or preferences in regards to letting you know how the visit went: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pet information:**

Name

Breed

DOB or Age

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Vet Clinic and Vet: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give Everyday Helper – Kelly Sedlacek permission to enter my residence to care for the above mentioned pets.

Signature of Pet Owner(s)

Date

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In case of a medical emergency, If you are unreachable, would you like for us to take your pet to receive medical attention? If so, please sign below

I, \_\_\_\_\_ (pet owner) hereby give Everyday Helper-Kelly Sedlacek permission to have my pet(s) seen for emergency medical attention at the above Veterinarian clinic.

**Cancellation Policy:**

We reserve the right to charge for any walks or pet check-ins that are not cancelled with more than a 24-hour notice. As a small business we are only able to serve so many clients per day so please give us any cancellation notices as soon as possible. By signing the below line, you are agreeing to adhering to our cancellation policy effecting 9/1/17.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_