



## Client Info

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

## Pet Information

Pet Name:	Pet Type:	Breed:		
License Number:	Age:	Colour:	Sex:	

Pet Name:	Pet Type:	Breed:		
License Number:	Age:	Colour:	Sex:	

Pet Name:	Pet Type:	Breed:		
License Number:	Age:	Colour:	Sex:	

## General Care Info

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

Client Initial

## Services

Beaches Pet Care 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	<input type="checkbox"/> Varied Walks
Beaches Pet Care In-Home Boarding & Accommodations	
<input type="checkbox"/> In-Home Boarding <input type="checkbox"/> Beaches Pet Care Home	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
Number of Pets:	<input type="checkbox"/> Services Upon Request
Start Date:	

**Waiver and Policies:** I understand that Beaches Pet Care walks only accept pet's that are licensed, spayed or neutered as well as current and up to date with vaccinations. I understand that it is my responsibility to inform Beaches Pet Care of any changes in vaccination records. Beaches Pet Care assumes that with this agreement being signed that my Pet(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 Pet(s) at all times and I hereby agree to indemnify and hold harmless all employees, agents, owners, and subcontractors of Beaches Pet Care of any and all claims of injury, expense, costs, or damages caused by the actions of my pet while under all employees, agents, owners, and subcontractors of Beaches Pet Care's 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 pet(s).

I have disclosed to Beaches Pet Care all known risks, dangers and medical conditions associated with my pet(s). I authorize all employees, agents, owners and subcontractors of Beaches Pet Care to take actions that they deem as necessary to ensure the health, well-being and safety of my pet(s) and to take reasonable action to resolve any medical problems that may arise while my pet(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 Beaches Pet Care are 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 Beaches Pet Care 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 Beaches Pet Care of any and all claims of damages to my home.

**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:** Beaches Pet Care requires a 24 hour cancellation notice or the client will be required to pay that days scheduled walk fee. If Beaches Pet Care is unable to access the client's pet(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. Beaches Pet Care 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 Pet, Owner 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:** Beaches Pet Care will do their best to keep pet(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. Beaches Pet Care will not be responsible for bathing or brushing pet(s) after walks.

**Media Release Policy:** I authorize Beaches Pet Care to use my Pet(s) in photos and social media. I understand Beaches Pet Care owns all rights to any media incorporating my pet(s) 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

## Emergency Information

Emergency Contact:		Contact Number:	
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 Beaches Pet Care in the event that my regular veterinarian is not available or that closer care is required for my pet(s) medical care. I will reimburse Beaches Pet Care for any and all charges related to any and all medical costs incurred.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date