



Welcome to 4 Paws, your local helpful dog-walking service.

By choosing me, your dog will get the exercise they need, and you can feel safe in the knowledge that they will be in very safe hands - whether their walk is a short stroll around the area they live, or if they are taken slightly further afield by car.

I am fully insured just in case anything unexpected should happen. Beyond that just know that at the heart of my service is a love for dogs. I grew up with dogs, have always owned dogs and I will always do my utmost to ensure your dog has an enjoyable and safe walk.

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**4 Paws Dog Walking Service -  
Information & Consent Form:**

The following form indicates your consent for “4 Paws Dog Walking Service” (hereafter shown as “4 Paws”) to walk your dog and also agrees other terms of our service to you.

Delete any statement which is not applicable / not agreed to

Dog’s Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Owner’s Name: \_\_\_\_\_

Owner’s Address: \_\_\_\_\_

\_\_\_\_\_

Owner’s Email: \_\_\_\_\_

1) I give my consent for “4 Paws” to walk my dog

2) I have supplied “4 Paws” with a key / other means (detailed below)

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to gain access to my dog if I am not at home. These will be returned / removed upon request / termination of the use of the service

3) In the event of emergency, "4 Paws" should contact me or my representative on the following number:

\_\_\_\_\_

4) In the event of emergency, I give my permission for "4 Paws Dog Walking Service" to contact or attend the Veterinary Surgery detailed below / any local Veterinary Surgery (delete as appropriate)

Surgery Name & Address:

\_\_\_\_\_

Surgery Telephone No: \_\_\_\_\_

5) Does your dog have any pre-existing medical conditions that "4 Paws" should be aware of? Please give details:

\_\_\_\_\_

\_\_\_\_\_

6) Are you happy for your dog(s) to be let off their lead(s) Yes / No

7) How good is your dog's recall. Do they respond to their name? Yes / No  
Please give details if necessary

\_\_\_\_\_

8) Does your dog respond to any special commands?

\_\_\_\_\_

\_\_\_\_\_

9) Do you give your consent to any photographs taken - on walks etc. - to be used on websites / social media sites such as Facebook which would be shown to help promote the business and its activities. If you do consent to this, do you also consent to their names being used (at no time will any owners names or details be shown).

Consent to photographs being used Yes / No

Consent to names being shown Yes / No

10) Is there anything else which you think "4 Paws" should know / any additional information you would like to supply regarding the care of your dog?

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11) Payments.

Each month (normally around the 1<sup>st</sup>) 4 Paws will issue you with an invoice for the services you have had over the past month. Alternatively, 4 Paws can issue an invoice for the interval of your choice.

Please circle your choice from the following:

I would like to receive an invoice for each: Week / Fortnight / Month / Other (please specify)

I would like to receive: A printed invoice / An emailed invoice / Both

I will usually settle my account by paying: Cash / via Bank Transfer (details can be found on invoice)

Polite note: For whichever payment option you select, please can you ensure that wherever possible your payment reaches 4 Paws within 5 working days. If this is not going to be possible, then please advise 4 Paws as soon as possible. Thank you.

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Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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