Paw X Paw Dog Walking WAIVER FORM

I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending walks, pet sitting or any activities with Paw X Paw Dog Walking.

I also understand and agree that in releasing my dog(s) in Paw X Paw Dog Walking’s care, Paw X Paw Dog Walking has relied upon my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behaviour towards any person or any other dog.

I further understand that due to the way that dogs interact with one another, minor cuts and scratches can occur even though the dogs are carefully supervised at all times.

While my dog(s) is/are in the care and custody of Paw X Paw Dog Walking, if I am unreachable in the event of an emergency, I hereby authorize Paw X Paw Dog Walking, its agents, and/or representatives to seek immediate veterinary care for my dog. I understand that all costs in connection with, veterinary, medical or other treatment shall be my responsibility. I understand my dog(s) is/are required to have current vaccinations and valid municipal dog licences.

I hereby release and agree to save and hold harmless, Paw X Paw Dog Walking, it’s owners, employees, assistants, members and agents from any and all liability, claims, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify Paw X Paw Dog Walking for any and all such liability, claims, suits, actions, losses, injury or damage.

I consent for group walks with the understanding my dog(s) will be with other dog(s) also in the care of Paw X Paw Dog Walking. Yes or No (circle) Initial _____

I consent to off leash walks in approved off leash dog areas. Yes or No (circle) Initial _____

I consent to private on leash walks. Yes or No (circle) Initial _____

I consent to allow entry into my home for the purpose of the approved activities with my dog by Paw X Paw Dog Walking employees. Yes or No (circle) Initial _____

I certify that I have read and understand the rules and regulations set forth herein and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement and confirm the truthfulness of the contents of the Application form completed by me.

Although we carefully screen all applicants, occasionally we discover that this is not an appropriate service for every dog. Paw X Paw Dog Walking reserves the right to permanently remove a dog from our services at any time.

DOG(S) NAME(S) ___________________________________________

SIGNATURE OF OWNER _____________________________________

DATE __________________________

NAME OF OWNER _________________________________

PAW X PAW DOG WALKING REPRESENTITIVE _______________


DOG WALKING APPLICATION Owner Information

Name ________________________________________________
Address _____________________________________________
City _________________________________________________
Postal Code __________________________________________
Phone _______________________________________________
Cell Phone ___________________________________________
Emergency Contact ___________________________________
E-Mail Address _______________________________________

Dog Information

Name ________________________________________________
Breed _________________________________________________
Sex F or M Spayed/Neutered Y or N
Birthday ______________________________________________
Vet Name ______________________________________________
Vet Address ___________________________________________
Postal Code ___________________________________________
Vet Phone Number ______________________________________
Current Vaccinations Y or N ______________________________
Dog Licence Number ____________________________________
Has your dog been to any dog parks? If so, how did they play and interact with the other dog(s)?

Has your dog ever attempted to bite another dog or person? If yes, please explain

Is your dog toy or food possessive? If yes, please explain.

Has your dog ever been in a fight with another dog? If yes, please explain.

Any medical conditions we need to know regarding your dog?

Has your dog been to any obedience classes? If so, what classes and where?

Please list any meds and/or feeding times you want us to follow.

Does your dog have any problems with dogs smaller or larger than they are?

Paw X Paw Dog Walking will be picking up and dropping off your dog on most occasions. Do you have any special requests? i.e. alarm code set or disarm, heat/ac, television, etc.

Please explain the commands or actions you use with your dog for basics such as recall and sit etc.