



Dog Gone Walking, LLC

Registration Packet

Welcome to Dog Gone Walking!

We are pleased that you have chosen us to provide dog walking services and care for your pets. Our mission is to provide the best quality pet care by treating our clients' pets as if they were our own. We have designed our services to **enrich** your pet's life as well as your own. We want to make caring for a pet easier and less stressful with our variety of pet care services. We want to enrich your pet's life by giving them top quality care.

Enclosed is your Registration Packet for pet sitting and dog walking services. Please print a copy of this packet and complete all forms prior to your scheduled initial consultation. At the initial consultation, your pet sitter or dog walker will review the materials with you and answer any questions you may have.

This Registration Packet contains:

- Client & Pet Information Form – please fill out in its entirety, please complete one form for each pet in the household
- Key Handling Form – please sign and date
- Service Contract – please sign and date
- Credit Card Authorization Form – this form is **required** for credit/debit card processing
- Apartment Authorization Form – this form is required if you live in an apartment building
- Pet Sitting Overnight Form – this form is required if you are using our Overnight service

In addition, please have two copies of your house keys ready to provide to your sitter. One copy will remain with your sitter while the second copy is securely stored in our office for backup emergency purposes. If you live in an apartment complex, please also provide the sitter with a key pass to enter and exit your building.

We want to ensure your initial consultation goes smoothly and that your experience with Dog Gone Walking is a positive one.

Please feel free to contact us if you have feedback, questions or concerns. We can be reached by email at info@DogGoneWalking.us or by calling 503-505-1262.

Client & Pet Information Form

It is important that you provide all of the information below so that we have the correct contact information on file. Please note Dog Gone Walking uses email to send invoices. Please be sure to provide a valid email address. If any of the information below changes, please contact our office so we may update your records.

Primary Owner

First Name _____ Last Name _____
Address _____ City _____ State ____ Zip ____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____

Which phone number is best to contact you during business hours?

Secondary Owner ***Authorized to schedule service & make decisions regarding the care of your pet***

First Name _____ Last Name _____
Work Phone _____ Cell Phone _____
Email _____

Emergency Contact ***In the event that the Primary or Secondary contacts are unreachable***

First Name _____ Last Name _____
Home/Work/Cell _____ Email _____

How did you hear about Dog Gone Walking?

Name of Vet / Clinic _____
Address _____
City _____ State ____ Zip ____
Phone _____

This facility offers emergency service after regular hours: Y / N

Name of After Hours Facility, if different than above _____

Address _____
City _____ State ____ Zip ____
Phone _____

I understand that in the event of an emergency, Dog Gone Walking will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize Dog Gone Walking to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the vet clinic specified on the emergency form if the situation permits however; Dog Gone Walking has the authority to seek treatment at any veterinary clinic.

Furthermore, I agree to reimburse Dog Gone Walking within 14 days of incident for veterinary fees and all related costs including transportation in any amount up to \$_____ **(please specify dollar amount per pet. Common amounts are \$200, \$1000, or unlimited).**

This release does not expire and will remain valid for all future Dog Gone Walking services.

Client Signature _____ Date _____

****More than one pet? Please complete this page for each pet in your household****

Name of Pet _____ Type (e.g. cat, dog) _____
Breed/Description _____ Birthday/Age _____
Sex M / F Spay/Neuter Y / N Estimated _____
Weight _____ Rabies Vaccination Date _____

Feeding Instructions

Medication Instructions

Health Issues (Past or Current)?

Allergies?

Behavior Information

1. Has your pet ever bitten a person or another animal? Y / N

If yes, please describe in detail.

2. Please describe your pet's behavior towards new people.

3. Has your dog had any formal training? If so, what type?

4. Does your pet know any cues that you would like us to use out on walks? Please describe.

5. Please describe your pet's behavior around food and water dishes, toys and bones.

6. How would you describe your dog's personality?

General Instructions

1. Best places to park? Are parking passes or permits needed?

2. Where will your pet be when the sitter arrives (crated in bedroom free roam of the house, in kitchen)? Any places in your home where your pet may hide?

3. Where should the sitter leave your pet at the end of their visit?

4. Location of leashes, litter boxes, carriers, etc.

5. Location of food and treats

6. Location of cleaning supplies

7. Location of trash for pet waste

Do you have specific instructions for walking in extreme weather (heat, cold, rain, snow)? Please describe.

1. Please select a 2-hour time preference. This is the timeframe your dog walker will arrive to your home.

9-11 11-1 12-2 1-3 2-4 3-5 anytime between 9-5

2. Please circle the days of the week that you would like weekly service.

Mon Tue Wed Thu Fri or occasional service (I will make a reservation each week)

3. I would like midday service to begin on (DATE) _____

Please provide any additional instructions that you would like to pass on to your dog walker.

Key Handling Form

At your initial consultation, please provide your sitter with 2 sets of keys. One set will be for your sitter and the other will be kept securely in our office for emergency purposes. **The additional set of keys ensures your pet receives uninterrupted care in the event your primary sitter has an emergency or is locked out of your home.** If you live in an apartment complex, please also provide the sitter with a key pass to enter and exit your building.

I have provided Dog Gone Walking with the following: Number

of keys and doors they open:

Home security system information

- Where is the security system keypad located?
- Alarm code + any additional keys to enter before or after the code:
- How long does sitter have before the alarm is triggered?

Describe any special instructions that are helpful for someone who has never accessed your home (such as door sticks, never lock deadbolt, hide-a-key location, or security card to access your building).

If apartment building, and sitter will need concierge assistance for access, what are concierge hours?

I furthermore agree to and understand the following:

Dog Gone Walking does not make backups of client keys.

Dog Gone Walking has permission to provide my keys to any employee that will be conducting services.

If client supplies only one key, Dog Gone Walking cannot respond to emergency situations in a timely manner.

Client understands the risk that their pet may not be cared for as scheduled.

Client further understands that if the services of a locksmith are required in order to access your home, client is responsible for all locksmith charges and any additional time the sitter is required to wait at the home until locksmith arrives.

Printed Name _____ Client Signature _____

Date _____

Service Contract

Client desires to engage Dog Gone Walking Pet Care, LLC, its employees, members, agents and representatives ("Dog Gone Walking") to obtain the care and services provided by Dog Gone Walking (the "Services") for Client's pet(s) (the "Pets"), and Dog Gone Walking agrees to provide Services in accordance with the terms and conditions of this Service Agreement (the "Agreement").

In consideration of the following terms and conditions, and other good and valuable consideration hereby acknowledged by the parties hereto, Client and Dog Gone Walking agree as follows:

1. Client authorizes and engages Dog Gone Walking to perform the Services as set forth herein and in the price sheet provided to Client (the "Price Sheet") for the time period(s) as requested by Client ("Scheduled Period"). During any Scheduled Period, fees for Services will be calculated pursuant to the Price Sheet, which may be modified from time-to-time by Dog Gone Walking in its sole discretion. If Client determines that any Services scheduled during the Scheduled Period are no longer required, Client must notify Dog Gone Walking promptly, and in no event less than the period of time specified in the Price Sheet to avoid being charged for any such Services.
2. In the event of an emergency (e.g., injured pets, severe weather, broken pipes, natural disaster, fire, etc.), Dog Gone Walking is hereby authorized to take all measures deemed necessary or advisable by Dog Gone Walking in its sole and absolute discretion in caring for Pets and Client's property (including without limitation emergency veterinary care for Pets and emergency repair services for Client's home) and Client agrees to defend, indemnify and hold harmless Dog Gone Walking, its respective employees, members, agents and affiliates from all liabilities, claims and expenses, including reasonable attorney's fees, that arise from or relate to such decisions. In the event of such an emergency, Client shall immediately reimburse Dog Gone Walking for expenses incurred, plus any additional fees or expenses for attending to such an emergency. Furthermore, Client is responsible for providing keys to access their home or building. Any locksmith fees incurred as a result of providing faulty keys is the financial responsibility of the Client.
3. Client shall promptly pay all invoices from Dog Gone Walking and may be required to pay certain fees in advance as determined by Dog Gone Walking. Late fees, handling fees for returned checks and other fees shall be payable as set forth in the Price Sheet. Client shall pay interest charges at the lesser rate of one and one-half percent (1.5%) per month or the maximum rate permitted by law on past due invoices. Client will be responsible for all costs and fees associated with collection proceedings, including attorneys' fees, for all amounts more than forty-five (45) days past due.
4. Client represents and warrants that Pets are currently vaccinated in accordance with all local and state laws and regulations. Client agrees to indemnify, defend and hold harmless Dog Gone Walking, its respective employees, members, agents and affiliates from all liabilities, claims and expenses, including reasonable attorney's fees, that arise from or relate to Pets' behavior, including without limitation property damage, personal injury or death caused by Pets.
5. Dog Gone Walking occasionally takes pictures of the Pets we walk and pet sit. We reserve the right to use these images on our website, business cards, social media and for marketing purposes.
6. DOG GONE WALKING PROVIDES NO REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO THE SERVICES AND DISCLAIMS ANY AND ALL IMPLIED WARRANTIES, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. IN CONSIDERATION OF THE SERVICES AND AS AN EXPRESS CONDITION THEREOF, THE CLIENT EXPRESSLY WAIVES AND RELINQUISHES ANY AND ALL CLAIMS AND LIABILITIES OF ANY KIND AGAINST DOG GONE WALKING ARISING FROM OR RELATING TO THE SERVICES OR THIS AGREEMENT, EXCEPT THOSE ARISING FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF DOG GONE WALKING. WITHOUT LIMITING THE FOREGOING, IN NO EVENT SHALL DOG GONE WALKING BE LIABLE FOR ANY SPECIAL, INCIDENTAL, INDIRECT OR CONSEQUENTIAL DAMAGES OF ANY KIND IN CONNECTION WITH THIS AGREEMENT, EVEN IF DOG GONE WALKING HAS BEEN INFORMED IN ADVANCE OF THE POSSIBILITY OF SUCH DAMAGES; IN NO EVENT SHALL DOG GONE WALKING'S TOTAL AND AGGREGATE LIABILITY HEREUNDER EXCEED THE AMOUNT PAID BY CLIENT TO DOG GONE WALKING HEREUNDER.
7. Either party may terminate this Agreement at any time for any reason or no reason by providing the other party with notice of such termination. This Agreement constitutes the entire agreement between the parties in connection with the subject matter hereof and supersedes all prior and contemporaneous agreements, understandings, negotiations and discussions between the parties, whether oral or written. The validity, construction and performance of this Agreement shall be governed by and construed in accordance with the substantive law of the Commonwealth of Oregon, without regard to conflicts of law provisions. If any provision of this Agreement or the application of any such provision shall be held to be contrary to law, the remaining provisions of this Agreement shall remain in full force and effect to the maximum extent permissible.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first written above.

Client Signature _____

Date _____

Credit Card Authorization

I authorize Dog Gone Walking to automatically charge the credit/debit card, listed below, as payment for invoices for any and all future Dog Gone Walking services. I understand that Dog Gone Walking will provide me with an invoice either by email disclosing the amount of charges.

Client Information

Name (as it appears on the card) _____
Billing Address _____ City _____ State ____ Zip ____
Contact Number _____ work / cell / home (please circle)
Email Address _____

Credit Card Information

Account Number _____
Expiration Date _____
VCode _____ (3 digit code on back of card)
Visa / MasterCard / Discover (please circle)

**Note: we do not take AMEX*

I understand that this information will be retained on file for any future invoice charges. If you would like to change your credit card information, you will need to submit a new form to our office.

Client Signature _____ Date _____

Please return with your registration packet

Questions? Email our accounting department at info@DogGoneWalking.us or call 503-505-1262

For 24-Hour Concierge Staff

*******Please print and provide a copy to your 24-hour concierge desk*******

Dog Gone Walking will also retain a copy on file at our office

I, _____ reside in Apartment Complex Name _____ Apartment # _____.

I hereby give authorization for a Dog Gone Walking representative to be allowed entrance into our building to care for my pet. The Dog Gone Walking employee will have a business card for proof of identification. They already have the keys to my unit.

Property Management has been apprised of this request. There is also a copy of my service contract and this authorization form on file at Dog Gone Walking's office.

Please keep this copy at your 24-hour concierge desk.

Thank you.

Tenant Signature Date

2nd Tenant Signature

Pet Sitting Overnight Form

To give you the best overnight service, we require the information listed below before you schedule service. This will allow us to provide detailed instructions to the sitter on the care of your pets and the use of your house while you are away. Please provide any additional comments or "house rules" as you see apply. This information can be sent via email, or you can fill out this form and provide to your sitter.

Where would you like the pet sitter to sleep?

Where would you like the pets to remain overnight?

Are there any rooms that are off limits to the pets?

Please verify feeding instructions including location of food in the house.

It is important to ensure you provide enough food for the days you will be away, but in case the food was to run out please tell us the brand of food your pet(s) eat and where it can be purchased.

If applicable please verify medications names and instructions.

Do you want the pet sitter to answer your phone in case someone calls?

Does your emergency contact have a key to your home?

Will anyone else have access to enter your home while you are away?

If so, please give their name and phone number.

Will they be participating in the care of the pets?

Do you have a house alarm?

Please provide detailed instructions if you would like it set.

What vehicles will be on premises?

If applicable, can your sitter use your parking pad, garage or driveway to park their own car?

Is the pet sitter authorized to use appliances/facilities? (TV, computer, dishwasher, washer/dryer, microwave, stove/oven, shower, etc.?)

In case of an emergency where is the fuse box located?

Where is the main water shut-off?

Additional comments:

Client Signature _____ Date _____