



**Dog Walking Service Contract**

*Client and Dog Information*

Owner's Name:	Home Phone:
Cell Phone:	Assisted Living Contact Phone:
Email:	Address:
Others who have keys:	Other Info: _____
Dog's Name/ID:	Breed/Age/Sex:

*Emergency Information*

Emergency Contact/Relationship:	Phones:
Alternate Emergency Contact/Relationship:	Phones:
Vet's Office/Vet's Name:	Phone:
Address:	Other Info: _____ _____
Current Medications:	Reason's for Medication:
Important Medical History Notes: _____ _____	Important Medical History Notes, cont'd: _____ _____

**Latham Lifelong Pet Care**  
**14 Lots Hollow Rd.**  
**Orleans MA 02653**

Magda Moran \* Adult Services Supervisor \* 774.353.9292  
 Katrina Fryklund \* Director of Development \* 774.353.9126



**LathamCenters**  
**Lifelong Pet Care**

*Caring for Your Best Friends for Life*

*Description of Dog Walking Routine*

Start Date:	End Date:
Days Needed: M T W TH F SAT SUN	Duration of Walk:
Number of Visits Per Week (Up to 3)	Approximate Pick-Up Time:
Other Information:	Other Information:

*General Care Information*

Dog's Known Behavioral Issues:
Special Instructions/Notes Regarding Dog:
Tendencies with Food:

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*Liability Waiver and Policies*

- 1.) Latham Lifelong Pet Care Dog Walking Service will strive to offer safe and responsible care for my dog(s). Any references below to the word "I" also implies all others associated with me, including but not limited to my spouse, heirs, assignees, trustees and family members. Any reference to "Latham Lifelong Pet Care Dog Walking Service" implies its agents, officers, adult residents, and employees.
- 2.) I have disclosed to Latham Lifelong Pet Care Dog Walking Service, all known risks, dangers and medical conditions associated with my dog(s).
- 3.) I understand that I am solely liable for medical care expenses and dangers that result from injuries caused by my dog.
- 4.) I agree that there are risks in having others walk my dog, such as illness or injury, and I accept these risks because they are outweighed by the benefits. Latham Lifelong Pet Care Dog Walking Service will not be liable for illness or injury that may occur to my dog(s).
- 5.) I authorize Latham Lifelong Pet Care Dog Walking Service to take actions that they deem as necessary to ensure the health, well-being and safety of my dog(s) and to take reasonable action to resolve any medical problems that may arise while my dog(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 Latham Lifelong Pet Care Dog Walking Service's staff is 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.
- 6.) I waive all claims or actions against Latham Lifelong Pet Care Dog Walking Service relating to the care, control, health and/or safety of my dog(s) while my dog(s) is in their care.

**I intend by my signature this form shall be a complete and unconditional waiver of my approval.**

Dog Owner (Printed): \_\_\_\_\_

Dog Owner (Signed): \_\_\_\_\_

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

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