

Wicked Pawz Walking Client Consent Form

Client's Name

Client's Address Post Code

Telephone Number

Emergency Contact Numbers

Email address

Dog's Name

Breed and Age /

Sex: (Please Circle) Male Female Neutered/Spayed (Please Circle) Yes No

Fully Vaccinated (Please Circle) Yes No

Collar with tag (Please Circle) Yes No

Vet Practice Used

Practice Address

Post Code

Telephone Number

1. It is expressly understood that the Owner retains the services of the Walker as an Independent Contractor and not as an employee. The Walker shall be responsible for his/her insurance and all statutory declarations and payments with regard to income tax.
2. I agree to provide keys/arrange for keys to be available for Wicked Pawz for the dog walking/feeding appointment.
3. The Walker will supply and be equipped with a scooper and waste bags and will duly remove the dog's faeces from all public places.
4. The Walker reserves the right to walk other compatible dogs at the same time but undertakes to limit the number of dogs walked with one person to 3 (Three)
5. I authorise Wicked Pawz to obtain any emergency veterinary care that may be necessary during the time spent with my dog(s). I understand that every effort will be made to contact me prior to obtaining emergency care. I accept responsibility for any charges related to this emergency care. I also authorise Wicked Pawz to use an alternative veterinarian if my regular veterinarian is unavailable.
6. I agree to reimburse Wicked Pawz for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
7. I will be responsible for any medical expenses and damages resulting from an injury to the dog walker or other persons by my dog(s). I agree to indemnify and hold harmless Wicked Pawz in the event of a claim by any person injured by my dog(s).
8. I agree to notify Wicked Pawz of any concerns/complaints within 24 hours of any appointments.
9. I realise I must give a minimum of 24 hours' notice to cancel any appointments or the full amount will be collected.

10. I will provide suitable harnesses, collars and leads as approved by the Walker as well as coats or muzzles if required.

I have seen, read and agree to the terms and conditions, a copy of which are also posted on the website. I hereby agree that I the undersigned give consent for Kylie Beswick of Wicked Pawz to walk my dog, as per my instruction and that I have entrusted her with a key to my property to be used only as agreed. The key will be returned on my request and I give permission for Kylie Beswick to seek veterinary assistance should it be required for my pet while it is in her care. (Please note Kylie will try to contact you ASAP in the event of an emergency via the contact details provided above)

Signed: Dated:

Please note walks are to be paid for in advance or on the day. Cancellations by the customer are required to be made as soon as possible via telephone directly to Kylie. In the unlikely event that Kylie Beswick should have to cancel a booking this will be done ASAP via the contact telephone numbers provided by the customer. I also give consent of photographs of my pet to be taken and sent via text to confirm safety of my pet. I give Kylie Beswick permission to post these images on Wicked Pawz Facebook page and website for promoting business. I understand Wicked Pawz will follow the privacy act to ensure my details are not used for any other purpose other than what is set out in this consent form.

Start date of service..... Time..... End date of
service..... Time.....

Clients name..... Clients Signature..... Pet Sitters
Name..... Signature.....

Date.....

Key Pick up and Return

Wicked Pawz

Website: <https://www.wickedpawz.com.au>
Facebook: <https://www.facebook.com/Wicked-Pawz-104246844474464>
Email: infowickedpawz@gmail.com