



Application Dog Walking



Please complete for each owner: _____ Date: / / _____

Name: _____

Address: _____

City: _____ **St:** _____ **Zip:** _____

Phone(Home): _____

(Bus): _____

(Cell): _____

E-Mail: _____

Occupation: _____

Employer: _____

Name: _____

Address: _____

City: _____ **St:** _____ **Zip:** _____

Phone(Home): _____

(Bus): _____

(Cell): _____

E-Mail: _____

Occupation: _____

Employer: _____

Pets Name: _____ **Breed:** _____

Sex _____ **Date of Birth:** _____ **Weight:** _____

Is your pet Current of Vaccinations? (Circle one) **Yes** **No** Is your dog vaccinated for kennel cough? _____

Vet's Name _____ **Tel #** _____

Other than the owners listed above who can receive your dog: _____

--PLEASE READ CAREFULLY AND SIGN BELOW--

I warrant that my dog is current with the vaccinations required by law, and that my dog is healthy to the best of my knowledge. I understand that Dog Walking has some risks. We use experienced dog handlers but dogs are not always predictable and the unexpected may occur. We care for your dog as if it were our own and if your dog is hurt or becomes ill, Bark Place Inc. has permission to call or take your dog to a veterinarian of our choice if pet's vet is inaccessible; or to administer medication; or give other advisable attention, with our discretion and judgment, and such expenses will be paid promptly by owner. Bark Place Inc. is not responsible for any accidental death due to pre-existing health condition or natural disasters (fire, storm, flood, etc.). I will not hold Bark Place Inc. liable for not seeking veterinary care or for decisions made under this contract.

Owner agrees to be responsible for any property damages by pet while in the care of Bark Place Inc. employees.

I agree that I have read and understand the rules and conditions for Bark Place Inc. Dog Walking. I understand that my dog, my guests, or I may be video taped or photographed and that these images become the property of BARK PLACE INC. I agree to release, hold harmless, acquit, will indemnify and forever discharge the corporation from all, and in all manner of action and actions, suits, damages, judgments, executions, claims, and demands whatsoever, in law or in equity, which I or any other person I have with me during accessing your property and during the care of your dog(s) by Bark Place Inc.

Signed: _____ **Date:** _____

Bark Place Inc. 1721 Washington Street, Boston, MA 02118

(857)-362-7494

I agree to supply all necessary keys, alarm and pass codes, and to notify all required persons and authorities to allow access to Bark Place Inc. employees for the purpose(s) of accessing your dog(s) for Dog Walking, Feeding, and Medication.

Please list all access information provide to Bark Place Inc.: _____

Please note that it is a Boston City Ordinance that all pit bull breeds or pit bull mixes must be muzzled when on public property.

Admission Information:

Is your dog Neutered or Spayed? _____ How long have you owned your dog? _____

Is your dog protective of his home? _____

Does your dog get along with other animals? _____

Describe any allergies or medical problems: _____

Does your dog need any daily medications? _____ (please list medications, time of application, and condition)

Does your dog have temperament issues, such as shyness, fear or aggression: _____

Does your dog have separation anxiety: _____ Does he get along with other dogs? _____ Puppies? _____

Has your dog had professional Dog Walking before? _____

Does your dog require any special leash, collar or harness for walking? _____

What are your dog favorite activities and things? (playing ball, toys, chasing, running, being brushed, etc)

Comments: _____

Signed: _____ Date: _____