

Tails and Trails LLC

Service Agreement

Client: _____

Address: _____

Cell: _____ and/or Home Phone: _____

Email: _____

Preferred method of communication: _____

Landlord/Management Company Name/Phone: _____

Dog's name(s): _____

Birth Date/Age: _____

M/F? _____ Spayed/Neutered/Intact? _____

Breed: _____

Flea and Tick Medication: _____

Vet's Name: _____

Vet's Phone: _____

Vet's Address: _____

My pet's known medical problems (i.e. arthritis, allergies, etc.): _____

Any specific comments or issues regarding your pet that we should know about: _____

By signing below, I certify that I have read, understand, and agree to the following:

1. I am solely responsible for any harm or damage caused by my dog(s) while my dog(s) is/ are in the care of Tails and Trails,(TaT) including but not limited to, harm to other dogs, staff, agents, representatives and property of TaT or third parties.
2. TaT (including its staff, agents and representatives) will not be responsible for any and all liabilities arising out of or in connection with my dog(s) participation in TaT walking and playgroup activities, or use of TaT's boarding or dog sitting services.
3. I hereby authorize TaT to treat or seek treatment, to the extent TaT deems reasonably necessary, for any injuries or other problems that develop with my dog(s) while in the custody of TaT, taking into consideration any care instructions I may have previously provided them in writing. I assume full financial responsibility for any and all expenses involved in any such care or treatment of my dog.

Full Name: _____

Signed Initials of Owner: _____

Date: _____

Thank you! Please feel free to contact us with any questions or comments.