

***Happy Paws by Angus***

*Dog Walking enrolment form*

*ABN:* *75 467 854 056*

***Owner information***

**Name:**

**Mobile:**

**Home address:**

***Emergency contact***

**Name:**

**Mobile:**

***How did you hear about us? Please circle***

**Return Customer Word of Mouth Social Media Internet Search**

**Blog or Publication Other – please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Pet Information***

**What is your dog’s name? Age**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex: Please Highlight**

**Male Female**

**Is your dog desexed?**

**Yes No**

***Medical Information***

**Date of last vaccination**

*NOTE: For the safety of all dogs, vaccinations MUST BE CURRENT*

**Does your dog require any form of medication whilst in the care of *Happy Paws by Angus? Is it in your comfortability that staff may be administering this medication?***

**Yes No**

Please provide details of medication/s, dosages, times

**Does your dog have any vision or hearing concerns? Please provide details where necessary.**

**Yes No**

**Does your dog have any allergies? Please provide details where necessary.**

**Yes No**

**Does your dog require feeding whilst in the care of *Happy Paws by Angus*?**

*NOTE: Food provided by owner. If yes, please provide details of brand, amount, frequency*

**Yes No**

***At times it will be required that your Dog is in the company of other dogs and/or staff of Happy Paws by Angus. For the safety of all, please answer the following questions.***

***Where necessary outline details of any information you feel necessary.***

**Does your dog interact well with other dogs? Have they ever had any incidents with other dogs?**

**Yes No Yes No**

**Would your dog attempt to run away?**

**Yes No**

**Does your dog like swimming & do you give permission for this to happen, under supervision, at times?**

**Yes No**

**Do you give permission for your dog to be off leash, where appropriate?**

**Yes No**

**Is your dog allowed treats whilst with staff members/ Angus of *Happy Paws By Angus?***

**Yes No**

**Does your dog have any behavioural issues?**

**Yes No**

***Please provide any additional information which will assist in your dog having an enjoyable stay with Happy Paws By Angus***

*e.g – do they response to specific commands / do they have a special toy / will you be providing their own collar, harness, or lead?*

As the registered owner or their authorised representative, I authorise Angus Healy (Happy Paws by Angus) and/or its agents to act on my behalf in the unlikely event that my dog requires medical attention. I further agree to be responsible for all veterinary care costs.

Whilst all care is taken to ensure the safety of your dog, Happy Paws by Angus and/or its agents will not be held responsible in the event of unforeseen circumstances.

All information collected will be kept confidential and will only be shared with third parties if essential for medical purposes or deemed necessary for the safety and protection of your dog.

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**Full Name (please print) Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

Please read carefully. This document affects your rights if you, your dog, or anyone you bring to Happy Paws by Angus is injured or suffers damages while participating in dog walking.

I further release, waive, discharge, and covenant not to sue Happy Paws by Angus and its staff for any liability, claim, and/or cause of action arising out of or related to any loss, damage, or injury, including death, that occurs because of my dog’s, other people, or my own participation in the activities described below.

HPBA does not guarantee a dog’s behaviour at any time during or outside of walking. We supervise to the best of our abilities but cannot ensure against all incidents.

By signing this agreement, I certify that I have provided accurate and sufficient information about my dog's health and behaviour. Participating dogs may be refused if their behaviour is aggressive or threatening. Dogs must have current vaccinations.

HPBA has permission to use any photos taken of your dog during services for promotional purposes.

Dogs will always be supervised; however, there is a chance of injury during group play, which is extremely rare. By signing below, I give permission for my dog to play on or off-leash with other dogs, including supervised water activities. I understand the risks and benefits of socialisation and accept these risks.

I agree to be financially responsible for any injury costs incurred due to my dog’s behaviour. I will not hold HPBA liable for injuries to my dog caused by another dog. I authorise HPBA to treat my dog as deemed best in their sole discretion.

If my dog becomes ill or injured (non-emergency) and I am unreachable, I give permission for HPBA to seek necessary services as deemed by a veterinary professional.

By signing this Agreement, Disclaimer, and Waiver, I state that I have read and understood the conditions set forth in this Agreement, Disclaimer, and Waiver, and that I agree to all the conditions set forth herein, and I sign this voluntarily.

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Full Name (please print) Signature Date