

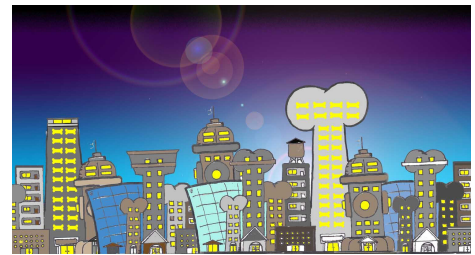
# The Metro Mutt

Dog Walking & Pet Sitting

Owner/Operator: Robert Murphy

617-827-6212

[www.TheMetroMutt.com](http://www.TheMetroMutt.com)



## Contract & Profile

Please print clearly in blue or black ink.  
Fill in all applicable fields to the best of your knowledge

Pets Name
1.
2.
3.

Your Name:	Home Phone #: Work Phone #: Cell Phone #:
Spouse/Partner:	Spouse/Partner: Cell Phone #: Work Phone #:
Address:	Primary Contact #:
E-mail:	Secondary Contact #:

How did you hear about The Metro Mutt? \_\_\_\_\_

### Emergency Contacts

**Important:** These contacts should be able to make a decision about the care of you pet or home if we can not reach you. Please circle if they have a copy of your house key.

Name:	Relationship:	Phone #:	Key Y / N
Name:	Relationship:	Phone #:	Key Y / N

### Veterinary Information

Hospital Name:	Preferred Doctor:
Address:	
Phone #:	

X \_\_\_\_\_  
Please date & initial

## Home Security

Do you want our company to keep a copy of your keys on file? (see Information ) Y / N

If you want your keys returned after service is terminated, please indicate your preferred method:

Circle Door of Entry: front door side door back door garage door

To be locked: dead bolt-door handle- both

Set Alarm? Y / N

Alarm system panel(s) is located

Alarm company Phone #:

**\*do not write alarm code on this contract. We will discuss alarm use at the pre-service meeting. The Metro Mutt suggests that you use a temporary house alarm code of your choosing that way the code does NOT have to be written down.**

## Pet Profile

Name Breed:

Age/DOB

Male / Female

Spayed / Neutered: Y / N

Color(s), Distinguishing features:

City License Number:

Micro-chipped: Y / N

Favorite toys/games:

Treats/Kongs:

Food allergies/restricted foods:

X \_\_\_\_\_  
Please date & initial

## Pet Profile cont.

Major medical conditions (past or present):

Medications (name, dosage, frequency):

Has your dog ever shown signs of aggression towards a person or other animals/dogs (growls, lunges, air snaps, contact bites)?

\*if your pet is reactive or aggressive towards other dogs or unfamiliar people then additional fees may apply – a behavior evaluation/assessment might be necessary before a contract or service is honored

Any restricted exercises by veterinarian?

Restricted Access (rooms or furniture):

This dog LOVES:

This dog HATES:

Any limited or impaired sensory functions (deaf/blind):

Please tell us where you will keep the following items and any applicable instructions:

Leash:

Collar/Harness:

Crate:

Treats:

Pet waste disposal:

Main indoor trash can:

Cleaning supplies:

X \_\_\_\_\_

Please date & initial

# The Metro Mutt's

## Terms & Conditions

1) The term of this contract shall be for individual/small pack of daily/ weekly/ customized schedule of \_\_\_\_\_ (circle all that apply).

AND/OR

pet sitting services from the date of \_\_\_\_\_ to \_\_\_\_\_ with \_\_\_\_\_ amount of visits/24 hours.

2) Fee for individual walks are \$\_\_\_\_\_/30 minute & \$\_\_\_\_\_/1 hour

Fee for small pack walks\* are \$\_\_\_\_\_/30 minute & \$\_\_\_\_\_/1 hour

A reactive or aggressive dog (toward people or other animals including dogs) will only be offered individual walks with an additional charge of \$\_\_\_\_\_/individual walk.

Pet sitting includes 4 visits/24 hours\* for \$\_\_\_\_\_/24hours and \$\_\_\_\_\_ for each additional visit/24 hours\*.

\* an additional charge of of \$\_\_\_\_\_/additional dog per household

3) Payment is required at the end of each walking week (or on an individualized basis agreed upon by client and The Metro Mutt) and must include any additional fees or charges. Check and cash are accepted at this time. Client understands this contract and takes responsibility for prompt payment of fees. Client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract permitting The Metro Mutt/Robert Murphy, to accept telephone or e-mail reservations for service and enter premises without any additional signed contracts or written authorization.

4) The Metro Mutt/ Robert Murphy is authorized to walk the dog as outlined in this contract. Client agrees to the use of humane equipment such as head-collars or specialized body harness. Robert will not use traditional "training" equipment such as choke chains, prong collars or shock collars unless authorized by pet owner.

5) The Metro Mutt/ Robert Murphy is also authorized to seek any medical care if deemed necessary with release from all liabilities related to transportation, treatment and expenses. The Metro Mutt/Robert Murphy is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a veterinarian. Client agrees to reimburse The Metro Mutt/Robert Murphy for any expenses incurred attending to this need.

6) In the event of personal emergencies or illnesses, The Metro Mutt/Robert Murphy will do his best to notify client as promptly as possible and compensation will be given to client.

7) The client is responsible for any costs/payments due to bites. If a bite occurs, The Metro Mutt/Robert Murphy is responsible for reporting it to authorities.

8) All dogs are required to be fully vaccinated and be licensed by their city.

9) The Metro Mutt/ Robert Murphy reserves the right to terminate this contract at any time before or during this term.

10) Client understands that this contract is for walking only and will not include any training.

X \_\_\_\_\_  
Please date & initial

## Cancelation policy

A minimum of 24 hours cancellation notice is required, except in the case of emergency.

## Inclement Weather Policy

Weather conditions should not impact a dog's physical health or well-being.

In the event of inclement weather, the client can agree to a home visit by The Metro Mutt/ Robert Murphy. The dog will be given a potty break and then the rest of the time will be in-doors. Activities may include, but not limited to:

- fetch
- tug
- recall games
- hide and seek with toys or treats

## Information

### **Dog requirements**

- must be fully vaccinated and current – proof required from your veterinarian
- must be licensed with your city or county (State Law)
- have a safe and strong leash
- have a flat collar with identification tags (name, license, contact numbers)
- friendly with unfamiliar people
- if your dog is reactive to unfamiliar people or unfamiliar animals/dogs a behavior assessment/evaluation is required prior to service with additional charges
- appropriate muzzle if required
- Off-leash for liability reasons, your dog will never be let off leash for any reason, except for any medical emergency. It is also a State Law to have dogs under leash control when off the owners property.

X \_\_\_\_\_  
Please date & initial

## Release of Liability

I do hereby waive and release The Metro Mutt/ Robert Murphy from any and all liabilities of any nature for the actions of myself, my pet(s), or any other person who accompanies me, or holds a key to my home; except those arising from negligence or willful misconduct on the part of The Metro Mutt. The Metro Mutt agrees to provide all services in kind, humane, reliable and trustworthy manner. Client agrees to notify The Metro Mutt of any concerns within 24 hours of their return. In case of an emergency, inclement weather or a natural disaster I authorize The Metro Mutt to use their reasonable judgment for the care and well being of my pet(s) and/or house. I understand that The Metro Mutt can terminate this contract if my pet becomes a threat to the safety or health of The Metro Mutt or the community due to aggressive behavior. The Metro Mutt will contact client if pet(s) display aggressive behaviors or tendencies and an educational forum can be arranged. The Metro Mutt specializes in various forms of dog aggression and will do what we can to help families with special needs dogs. The Metro Mutt is required to report any bite incidents to authorities. I acknowledge I am responsible for medical expenses and damages resulting from an injury to Robert or other person or animal caused by my pet(s). The Metro Mutt reserves the right to refuse service to any client, at any time, for any reason. I attest that all of the above information is true to the best of my knowledge. If anything changes from what is listed, I will inform The Metro Mutt before the next service is scheduled. This signed document gives The Metro Mutt/ Robert Murphy authorization to enter the above listed address as needed to perform the necessary service. I authorize this contract to be valid approval for services so as to permit The Metro Mutt/ Robert Murphy to accept all future telephone, e-mail, mail, on-line reservations and enter my home without additional signed contracts or written authorizations.

X \_\_\_\_\_  
Sign name

X \_\_\_\_\_  
Print name

lease make a copy of this contract for your records  
The Metro Mutt will obtain and review this original at the pre-service visit.