

# Dogease



For dogs that  
want to go places

For dog walking and puppy care, please complete all sections.

For group training classes and private in-home training please complete sections 1-3-4.

## Section 1

Owner's name	
Address	
Suburb	
City	
Phone home	
Phone work	
Phone mobile	
E-mail home	
E-mail work	
How did you hear about Dogease?	

## Section 2

Emergency contact: name	
Relationship to you	
Phone home	
Phone work	
Phone mobile	

## Section 3

Your dog's name	
Breed	
Sex	Please tick <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	
Is your dog: intact/spayed/neutered	Please tick <input type="checkbox"/> Intact <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered
How old was your dog when you got him?	
Where did you get your dog from (please be specific)	

## Section 4

Does your dog have any medical problems?	
What medication is your dog currently taking (if any)?	
What are your dog's dietary restrictions and / or allergies if (any)?	
What are your dog's fears (for example thunder, loud noises, skateboards etc)?	
In any situation has your dog ever bitten or been aggressive towards another dog? If yes please explain.	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No
In any situation has your dog ever bitten or been aggressive towards a person? If yes please explain.	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to one or both last questions please contact me to arrange for a private training session before starting group classes or dogwalking.	
Is your dog allowed off the lead?	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anything else you think I need to know about your dog?	

## Section 5

Veterinarian Clinic	
Veterinarian's Name	
Address	
Suburb	
City	
Phone	
If in my judgment your dog requires emergency medical care and I am unable to reach you, please indicate below whether you want me to take your dog to the veterinarian or animal hospital.	
<input type="checkbox"/> YES. By ticking "YES", you agree to be solely responsible for the payment of all medical bills for your dog and you release Dogease, and its owner, of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including but not limited to, choice of veterinarian or animal hospital. All efforts will be made to use the veterinarian previously listed by you. However, you must understand that circumstances may prevent this and Dogease and its owner has the right to choose another qualified veterinarian.	
<input type="checkbox"/> NO. By Ticking "NO", you agree to release Dogease, and its owner, of and from any and all responsibility for, or claims, damages, debts, arising out of or related to Dogease and its owner not providing or obtaining medical care for your dog and you acknowledge that Dogease and its owner is not required to give any medical aid.	

I \_\_\_\_\_ (please print name) have voluntarily contracted Dogease to assist me in training my dog, and/or walking my dog, and/or transporting my dog, and/or provide puppy care, and/or provide general care.

**Professional fees, terms and conditions.**

**Dogwalking:**

**Group walks:** \$46.00 per hour or part thereof. Second dog at the same address 50% discount.

**One on one or training walks:** \$37.50 for 30 minutes, \$57 for 45 minutes and \$75 for a 60 minute walk. Payment due at the start of the walk. Client will be billed ½ the normal fee for cancellations with fewer than 24 hours notice. Minimum walking time 30 minutes. Every effort will be made to walk your dog at the requested time, but depending on the workload the time might change. Your dog needs to wear a soft collar and a council registration tag, leads provided by Dogease.

**Dogease Tune Up or Training by the Trainer:**

\$75.00 per hour or part thereof. Minimum training time 30 minutes. After the initial hour, time will accrue in quarter hour increments. Payment due at the time of reservation. Client will be billed ½ the normal fee for cancellations with fewer than 24 hours notice.

**Dog at Home Care:**

\$18.00 (Devonport to Takapuna) per visit for feeding and toileting. Second dog at the same address 50% discount.

*By signing below the client releases Dogease and its owner from any and all liability for injuries to themselves, their dog, or damage to any other property of theirs or others, which arises in any way out of services provided by Dogease. The client understands that there are certain risks involved with dog walking, dog training, dog care and dog transport including, but not limited to fights, bites, and the transmission of disease.*

Training Declaration:

- I understand that training takes time,
- I am committed to my dogs success,
- I agree to follow up with practice,
- I will apply what I have learned,
- I will be patient and consistent.

I hereby agree to the above conditions

Date \_\_\_\_\_

Client (print name) \_\_\_\_\_

Client (signature) \_\_\_\_\_

Dogease (print name) \_\_\_\_\_

Dogease (signature) \_\_\_\_\_