



401 EVARTS ST, NE #401

WASHINGTON, DC 20017

It is important that you provide all of the information below so that we have the correct contact information on file. Please note AnytimeK9 uses email to send invoices and confirmation of reservations or cancellations. Please be sure to provide a valid email address. If any of the information below changes, please contact our office so we may update your records.

Please note that AnytimeK9 Walkers will only walk dogs that use the collar types listed below.

- Flat Buckle
- Body harness
- Head harness (Gentle Leader, Halti)

Primary Owner(s)

First Name _____ Last Name _____
Address _____ City _____ State ____ Zip _____
Apartment Complex Name (if applicable) _____
Home Phone _____ Work Phone _____
Cell Phone _____
Email _____

Emergency Contact (authorized to schedule service & make decisions regarding the care of your pet)

First Name _____ Last Name _____
Home Phone _____ Work Phone _____
Cell Phone _____
Email _____

Pet Information Form

Pet Name _____ Breed/Physical Description _____
Type cat /dog/other _____ Sex M / F Spay/Neuter Y / N Birthday __/__/____ Wt _____



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Where will your pet be when your walker arrives for your visit (crated, in kitchen, in bedroom, etc)? *We will assume this is where your pet should remain when no one is home, unless you specify other instructions here.*

Has your pet ever bitten a person or animal? Y / N If yes, please describe in detail.

Please describe your pet's behavior towards new people.

Please describe your pet's behavior towards other animals.



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Instructions for Dog Walking

1. In the event of a last minute emergency and your primary walker cannot conduct the visit, do you prefer we skip the visit but notify you or send a sub and notify you so that there is no interruption to service?

2. Please select the type of service.

Daily: Please circle 1 or more days (Reservations need to be made 24 hours in advance.) **\$18 per visit**
M T W Th F S

5 Day Package (To be used at your convenience. Reservations need to be made 24 hours in advance.) **\$85**

20 Day Package (To be used at your convenience. Reservations need to be made 24 hours in advance. You must be used at least 3 days a week.) **\$320**

***Note: All packages expire after 90 days.**

3. I would like service to begin on _____.

4. Please provide any additional instructions that you would like to pass on to your dog walker.



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Payment

AnytimeK9 will accept payment in the form cash, personal checks or through our website via Paypal. All payments must be made in advance of services. Please make checks out to AnytimeK9. Clients will receive an invoice via email once a completed and signed agreement is received.

Cancellations

The owner of the pet(s) may postpone any of the visits provided twenty-four hours notice is given to AnytimeK9. The owner understands and agrees that failure to give the company twenty-four hours notice of a visit cancellation will result in the AnytimeK9 counting said failure as a completed visit with the full amount owed. **No refunds will be given for cancelled visits once time has been reserved.**

Signed _____ Date _____

Anytime K9, LLC Representative _____ Date _____



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Inclement Weather Policy

Anytime K9 follows the federal government (liberal leave) inclement weather policy. If an inclement weather closing occurs during pet sitting, we will make every attempt to make each scheduled visit. If we are unable to fulfill our obligation, we will contact you. In the event of heavy rainfall, all walks will be shortened.

Emergency Contact (Someone within walking distance that would be able to take care of your pet in the event we are unable to make it to your home.)

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email _____

Please note dog walking services are suspended on major holidays. Pet sitting services are available with additional surcharge of \$20 on holidays.

Holidays (walking services suspended)

New Year's Day Martin Luther King, Jr. Memorial Day Independence Day Labor Day Thanksgiving Christmas



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Addendum A

I, _____, as the legal owner/agent of the pet(s) noted in this agreement, do hereby state the following information is true and complete to the best of my knowledge. I understand the Company may utilize some or all of this information during the dog(s) visit and I have taken special care to present the information in an accurate fashion.

VETERINARY INFORMATION

Name:

Address:

Phone Number:

VACCINATION RECORDS

PLEASE LIST ANY MEDICAL CONDITIONS

I hereby give permission to AnytimeK9 staff to telephone my Veterinarian to verify my pet's vaccination status (DHLLP-c, Rabies) (please initial) _____