Happy Hounds Home Visit Form

Client’s Name ............................................................................................

Client’s Address .............................................................................................

Post Code ..............................................................

Telephone Number ..............................................................

Emergency Contact Numbers ............................................................................................

Email address .............................................................................................

Pets Name .............................................................................................

Breed and Age ......................................../....................................................

Sex Male  Female  Neutered/Spayed 

Fully Vaccinated Yes No

Collar with tag (If applicable) Yes No

Vet Practice Used .............................................................................................

Practice Address .............................................................................................

Post Code ..............................................................

Telephone Number ..............................................................

1. I agree to provide keys/arrange for keys to be available for Happy Hounds, for the dog walking/feeding appointment. 2. I authorise Happy Hounds to obtain any emergency veterinary care that may be necessary during the time spent with my dog(s). I understand that every effort will be made to contact me prior to obtaining emergency care. I accept responsibility for any charges related to this emergency care. I also authorise Happy Hounds to use an alternative veterinarian if my regular veterinarian is unavailable. 3. I agree to reimburse Happy Hounds for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies. 4. I will be responsible for any medical expenses and damages resulting from an injury to the dog walker or other persons by my dog(s). I agree to indemnify and hold harmless , Happy Hounds, in the event of a claim by any person injured by my dog(s). 5. I agree to notify Happy Hounds of any concerns/complaints within 24 hours of any appointments. 6. I agree to give 72hrs notice to cancel a booking otherwise the visit has to be paid in full.
2. I have seen, read and agree to the terms and conditions. I hereby agree that I the undersigned give consent for Andrienne Vasquez of Happy Hounds to walk my dog/visit my pet, as per my instruction and that I have entrusted her with a key to my property to be used only as agreed. The key will be returned on my request and I give permission for Andrienne Vasquez to seek veterinary assistance should it be required for my pet while it is in her care. (Please note Andrienne will try to contact you ASAP in the event of an emergency via the contact details provided above)

Signed: .............................................................. Dated: ..................................................