

STELLA  STANLEY
DOG WALKING, LLC

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office / Cell: _____

Email: _____

Emergency Contact : Name _____ Phone: _____

Persons with access to your home: _____

Vet Contact Info: _____ Phone : _____

Name (s) & description (s) of pet (s):

- 1 . _____
- 2 . _____
- 3 . _____
- 4 . _____
- 5 . _____

Days : Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times: _____

Days & Time for walks: Please circle below and state times

*(we have 2 hour window period from time stated above)

*Rates change for early morning walks before 9 am & After 5pm
& weekends & holidays

Special Instructions :

Stella & Stanley Dog Walking LLC AGREES TO PROVIDE SERVICES ON A WEEKLY BASIS. TOTAL NUMBER OF WALKS PER WEEK ____ AT \$ ____ EACH, AT A GRAND TOTAL PER WEEK \$ _____ TO BE PAID AT END OF EACH WEECK IN CASH OR CHECK FORM.

Services performed in accordance with instructions outlined herein. The client waives any claims AGAINST (STELLA & STANLEY DOG WALKING LLC) UNLESS (Stella & Stanley Dog Walking LLC) IS NEGLIGENT AND DOES NOT PERFORM AS A AGREED HEREIN.

Thank you choosing and trusting Stella & Stanley Dog Walking LLC to care for your dog we look forward to our weekly walks with your pooch!!!

Stella & Stanley Dog Walking LLC

Date

Client

Date