



Dear Prospective City Dogs Client:

Attached please find the client application forms and informational material for enrollment. Please review all the enclosed materials carefully. If you have further questions not answered in this packet, please do not hesitate to telephone us at (202) 234-9247, preferably between 9:00 a.m. and 5:00 p.m. Monday through Friday, or to e-mail us at [info@city-dogs.com](mailto:info@city-dogs.com), or fax us at 202-204-0985.

Please complete the enclosed forms, answering each question thoroughly. In addition to the completed application, we also require written proof from a veterinarian that your dog(s) is up-to-date on his/her **Bordetella, Rabies, and DHLPP. You must include a copy of your dog's current vaccines with your application in order to have your application considered.**

There is a one time \$20.00 non-refundable set-up fee that applies to all new walking clients. You may write a check or money order for this amount, made payable to City Dogs. If you choose to fax your application to us we will add the application fee to the first day's invoice. Upon receiving your completed application we will contact you to schedule a home visit to introduce ourselves to you and your pet(s). The initial home visit is completed by a member of our management team and then you will be assigned a walker. Your walker's first visit to your home is accompanied by a member of management

Thank you for expressing an interest in City Dogs' dog walking service. We look forward to getting to know you and your very special dog(s) in the near future!

Best Regards,

Your fellow dog-lovers at City Dogs

## **City Dogs Dog Walking Service Rules and Regulations**

To ensure the health and safety of your pet and of our staff, we require that all of our clients comply with the following rules and regulations:

**Age:** All dogs must be at least 2 months of age or older.

**Shots:** All dogs must have up-to-date vaccinations. Owners must submit written proof that their dog(s) have current **DHLPP** (distemper), **Rabies**, and **Bordetella** (kennel cough) vaccinations.

**Health & Behavior:** Owners will need to communicate with us any medical conditions or special needs. Owners will need to certify that their dog(s) have not harmed or shown aggression or threatening behavior towards any person or other dog(s). Once accepted as a client, please alert City Dogs' staff to any change in your dog's health.

**Application:** All dogs must have a complete, up-to-date and approved application on file prior to start of your service. There is a \$20.00 non-refundable set-up fee.

**Payment:** All charges are due in advance. We accept: cash, checks, and Visa or MasterCard. (We do not accept American Express or Discover) **Dog walking packages are non-refundable** and good for 6 months from the date of purchase.

**Days and Hours:** City Dogs is open for dog walking service Monday - Friday from 10 a.m. to 4 p.m. and weekends by prearranged appointment only.

**Weather Conditions:** Walks are guaranteed in all weather conditions except: heavy rain or excessive snow accumulation. Walks will be cancelled to ensure the safety of our staff and the cleanliness of your pet and home.

**Appointments:** Required. All walks must be scheduled in advance and pre-paid.

Date \_\_\_\_\_

**Check all the boxes that correspond to the days of the week which you are interested in using our dog walking services:**

Monday  Tuesday  Wednesday  Thursday  Friday  Weekends

Approximate time desired \_\_\_\_\_ AM or PM

**Owner Information** (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Email Address \_\_\_\_\_

**Pet Information**

1. Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Date of birth \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Date of birth \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Veterinary Clinic**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cell Phone \_\_\_\_\_

Client Name \_\_\_\_\_ Dog(s) Name \_\_\_\_\_

## **PET PERSONALITY PROFILE**

### **General Information**

How did you hear about City Dogs? \_\_\_\_\_

Number of people in your household \_\_\_\_\_ Adult males \_\_\_\_\_ Adult females \_\_\_\_\_  
Male children/ages \_\_\_\_\_ Female children/ages \_\_\_\_\_

Does your dog like children? \_\_\_\_\_

Do you have any other pets? \_\_\_\_\_ Please list \_\_\_\_\_  
\_\_\_\_\_

### **Health and Grooming**

Is your dog on a flea prevention program? \_\_\_\_\_

Does your dog have any hip/joint problems? \_\_\_\_\_

If yes, what restrictions need to be placed on your dog's activities or movements? \_\_\_\_\_

Does your dog have any sensitive areas on his/her body that he does not like touched? \_\_\_\_\_

Does your dog have any known allergies or food restrictions? \_\_\_\_\_

### **Behavior**

How does your dog react to new people/dogs coming into your house? \_\_\_\_\_  
\_\_\_\_\_

Are there any kinds of people/dogs that your dog automatically fears or dislikes? \_\_\_\_\_

Has your dog ever bitten a person or another dog? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_

Has your dog ever growled at someone? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_

Is your dog overly frightened or nervous about anything?  
\_\_\_\_\_

How does your dog react to other dogs approaching when you're out on a walk?  
a. On leash \_\_\_\_\_  
b. Off leash \_\_\_\_\_

Client Name \_\_\_\_\_ Dog(s) Name \_\_\_\_\_

Has your dog ever jumped or climbed over a fence? \_\_\_\_ How high was it? \_\_\_\_\_

Has your dog had any socialization with other dogs? \_\_\_\_\_

Is your dog fearful or aggressive around small/large dogs? \_\_\_\_\_

Are you able to remove things from your dog's mouth? \_\_\_\_\_

How does your dog react to puppies? \_\_\_\_\_

Is your dog crate trained? \_\_\_\_ What do you do with your dog when you are not at home? \_\_\_\_\_

What kind of collar do you walk your dog in? \_\_\_\_\_

Is it effective in keeping him/her under control? \_\_\_\_\_

Has your dog had obedience training? \_\_\_\_ When & where? \_\_\_\_\_

Other comments or information about your dog that you feel might be helpful:

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# City Dogs, Daycare for Dogs Dog Walking Agreement

Client Name \_\_\_\_\_ Dog(s) Name \_\_\_\_\_

I understand that I am solely responsible for any harm caused by my dog(s) while under the care of a City Dogs employee

I also understand and agree that in admitting my dog(s), City Dogs has relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog. I also understand that my dog will be walked on shared public sidewalks and streets and there are inherent risks that I accept.

While my dog is in the care and custody of City Dogs and I am unreachable in the event of an emergency, I hereby authorize City Dogs, its agents, and/or representatives to seek immediate veterinary care for my dog.

I understand that all costs in connection therewith, including transportation, and veterinary, medical, and otherwise, shall be my responsibility and I am herewith providing City Dogs with credit card information to be used for such purposes.

I further release and discharge City Dogs and its employees from any liability, claims and damages in connection therewith.

Although we carefully screen all applicants, occasionally we discover that this is not an appropriate service for every dog. City Dogs reserves the right to permanently remove a dog from our dog walking service at any time.

I certify that I have read and understand the rules and regulations set forth on the preceding pages and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

**Credit Card Information** (required for every account)

\_\_\_\_\_  
**Visa or MasterCard Number**

\_\_\_\_\_  
**Exp. Date**

\_\_\_\_\_  
**3 Digit V-Code**  
(back of card)

X \_\_\_\_\_  
**Signature of Card Holder authorizing City Dogs to charge your account for all delinquent billing charges, veterinary care, or other charges incurred for services performed.**

## **Rates**

City Dogs offers a variety of packages as well as single walk rates. Listed below are our basic prices for 30 minute dog walking sessions. Please call with any questions or to inquire about packages for families with more than two dogs.

### **Dog Walking Rates:**

1 dog / 1 walk \$18

2 dogs / 1 walk \$23

1 dog / 10 walks \$170

2 dogs / 10 walks \$220

1 dog / 20 walks \$325

2 dogs / 20 walks \$425

### **Miscellaneous Services:**

Mail collection \$1.00 per day

Administering medications or preparing meals \$1.00 per day

Administration of Bordetella vaccine (in clients home): \$25

Vet transportation: \$25 each way