

Owner's Name:	Home Phone:
Work Phone:	Cell Phone:
Email:	Fax:
Address:	
Others who have keys:	Key/Alarm Code:
Dog's Name & Rabies Cert #	Color/Breed/Age/Sex (F/S, F/U, M/N, M/U):
Dog's Name & Rabies Cert #	Color/Breed/Age/Sex (F/S, F/U, M/N, M/U):
Dog's Name & Rabies Cert #	Color/Breed/Age/Sex (F/S, F/U, M/N, M/U):

F/S = Female Spayed F/U – Female Unaltered M/N = Male Neutered M/U = Male Unaltered

EMERGENCY INFORMATION

Emergency Contact:	Phones:
Alternate Emergency Contact:	Phones:
Vet Office/Vet's Name:	Phone:
Address:	
Current Medications & Vaccinations:	Reason for Meds:

Phone: 561.414.0708 Email: info@Red-LetterRunners.com



Important Medical History:				
DESCRIPTION OF SERVICES				
☐ Running (hourly) ☐ Daycare (daily) ☐ Sitting				
Start Date: Days Needed: M T W Th F S Su Total Days:				
Duration of Session:	Approximate Pick Up Time:	Drop Off Time:		
Number of Visits/Week:	X Rate:	=Total Due/Week		
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GENERAL CARE INFORMATION				
Dog's Regular Treats:	Other Treats OK? Yes No			
Treat/Dietary Restrictions:				
Treat/Dietary Restrictions.				
Dog's Known Behavioral Issues:				
Special Instructions/Notes Re	garding Behavioral Issues:			
Special Instructions for Riding in the Car:				

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LIABILITY WAIVER & POLICIES

- 1. Red-Letter Runners will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I recognize that Red-Letter Runners are not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless Red-Letter Runners of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under Red-Letter Runners' care and under my own care as a result of following any instructions given to me by Red-Letter Runners. I have been told by Red-Letter Runners and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. Additionally, Red-Letter Runners will act with all due respect and caution in my home in my absence and I hereby agree to indemnify and hold harmless Red-Letter Runners of any and all claims of damages to my home.
- 2. I authorize emergency medical care to be provided by the above-named veterinarian, or an appropriate alternate to be determined by Red-Letter Runners in the event that my regular veterinarian is not available or that closer care is required. I will reimburse Red-Letter Runners for any charges related to emergency care.
- 3. **Payment Policy:** There will be a \$25.00 fee charged for any returned checks.
- 4. **Cancellation Policy:** Red-Letter Runners requires a 48 hour cancelation notice or client will be required to pay the first day's fee. If Red-Letter Runners is unable to access your dog due to problems with doors or keys, client will be required to pay first day's fee. If dog is not on the premises for agreed upon pick up time, client will be required to pay first day's fee.
- 5. Grooming Policy: Red-Letter Runners will do their best to keep your dog as clean as possible during and after walks. Client should leave out towels near entranceway that will be used for wet or muddy weather conditions. Red-Letter Runners will provide a courtesy brushing of dog after walks.

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

Dog Owner	Date
Dog Handler	Date

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