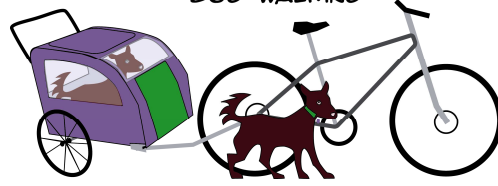


LEBO'S FRIENDS
DOG WALKING



EMERGENCY PET GUARDIANSHIP DOCUMENTATION

Client's name: _____

Name of pet/s: _____

Emergency Pet Guardianship

In the unlikely event that you are unable to return and assume care of your pet/s, please list the name of the person(s) *LEBO'S FRIENDS DOG WALKING* should contact to take over the care of your pet(s) until your return or until final pet guardianship is determined by arrangements made in your will or other legal documents.

Please be sure that you have notified the person(s) below that you have listed them as your emergency pet guardianship contact and that

LEBO'S FRIENDS DOG WALKING has been given their contact information.

Name: _____

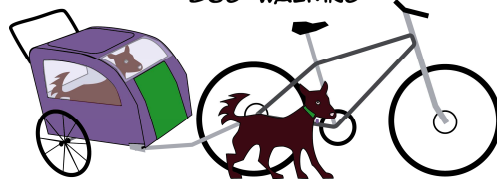
Address: _____

Home phone: _____ Mobile phone: _____

Relationship to you: _____

En Route to Wagging Tails

LEBO'S FRIENDS
DOG WALKING



Pet owner's signature

Date

En Route to Wagging Tails

64 Innisfallen Parade - Dublin 7 - Dublin - Ireland - 00353 85 77 96 409 -
LebosFriends@DublinDogWalking.eu - www.DublinDogWalking.eu