

## **Walking Off Lead Consent Form**

| Dogs Name:  |      |
|---|------|
| Customer Name:  |      |
| Address:  |      |
|   |      |
| Contact Number:   |      |
|   |      |
| I give my permission and written consent to allow Woof Pa<br>understand that Woof Patrol will not be be held responsib<br>injury or loss. |      |
| Customer Signature  | Date |
| WoofPatrol Signature  | Date |