Joy Of Pets: Professional In Home Pet Care 952-270-2267 Terms and Conditions

The utmost of care will be given in watching both your pet(s) and your home. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against Joy Of Pets, except those arising from negligence of the pet sitter. Client agrees to notify Joy Of Pets of any concerns within 24 hours of return.

The pet sitter / Joy Of Pets cannot be held responsible for any mishaps, claims, and/or expenses attributed to the destructive or unpredictable behavior of the client's pet(s) that cause damage to the client's home/property and/or a neighbor's home/property. (i.e., biting, furniture damage, accidental death, etc.) Nor can we be held liable for injury, disappearance, death, or fines of pet(s) with access to the outdoors. The Pet Sitter / Joy Of Pets will be held harmless for complications in administering medications to pet, including accidental injury or death of pet(s).

In the event of early return home, client must notify the pet sitter /Joy Of Pets promptly to avoid being charged for unnecessary visit(s).

Client agrees to pay Joy Of Pets mileage charge of \$.43 per mile if outside normal ten-mile coverage area, unless otherwise specified by Joy Of Pets.

Visit(s) made or services performed shall be paid for at the agreed rate, with Client taking full responsibility for prompt payment of fees. A finance charge of 1.5% per month will be added to unpaid balances after 30 days. A handling fee of \$20.00 will be charged on all returned checks. In the event it is necessary to initiate collection proceedings on the account, the Client will be responsible for all attorney's fees and costs of collection.

There will be an additional \$15.00 charge per day on the following holidays:

New Years Eve New Years Day Easter Sunday Memorial Day

Independence Day Labor Day Thanksgiving Day Christmas Eve Day Christmas Day

In the event of personal emergency or illness of pet sitter /Joy Of Pets, Client authorizes pet sitter / Joy Of Pets to arrange for another qualified pet sitter / company to fulfill pet sitting responsibilities. Client will be notified in such a case. All terms and conditions set forth on this contract will apply to replacement Pet Sitter and Client.

In the event of inclement weather, natural disaster, or national emergency, the pet sitter / Joy Of Pets is entrusted to use their best judgment in caring for Clients pet(s) and home. The pet sitter / Joy Of Pets will be held harmless for consequences related to such decisions.

All pets under the care of the pet sitter / Joy Of Pets are to be currently vaccinated. Should Pet Sitter or a third party be bitten or otherwise exposed to any disease or ailment received from Client's animal which has not been properly and currently vaccinated, it will be the Client's responsibility to pay all costs and damages incurred by the victim(s).

Joy Of Pets reserves the right to terminate service at any time before or during pet sits, if Joy Of Pets, in its sole discretion, determines that Client's pet poses a danger to the health or safety of Pet Sitter. If concerns prohibit Pet Sitter from caring for pet(s), Client authorizes pet(s) to be placed in a boarding kennel, with all charges from there on to be charged to Client.

Client expressly gives the pet sitter / Joy Of Pets the authority to employ a locksmith on their behalf and to reimburse the pet sitter / Joy Of Pets promptly upon their return for all costs incurred in the event of malfunction of the lock, keys or automatic door opener.

Client agrees that this Terms and Conditions form is valid approval for future services of any purpose provided by Joy Of Pets and/or outlined in this form. The Terms and Conditions form will remain valid and in effect for as long as the undersigned remains a Client, permitting Joy Of Pets to accept telephone, and email reservations for services and enter client premises without additional signed contracts or written authorization.

Client agrees to reimburse the pet sitter / Joy Of Pets for any additional fees for tending to emergency or veterinary care as well as any expenses incurred for same. Client also agrees to reimburse for additional time accrued at the rate of \$30 per hour in the case of such an emergency. Every effort will be made to contact the Client prior to obtaining emergency care.

Client may agree to have their key(s) kept on file with the pet sitter / Joy Of Pets in a secure, coded location for future services. If Client prefers to have key returned, Client agrees to pay \$10.00 key drop off / pick-up for future services.

Client agrees to provide the pet sitter / Joy Of Pets with a phone number where they can be reached while away. Client will also provide a phone number of another person to contact who is authorized to handle any major problems that may occur while away. If Client, or the other contact person cannot be reached, Client agrees to accept any decision the pet sitter / Joy Of Pets makes in regards to the pet's care or Client's property.

If any friends/neighbors/family members will be entering your home while it is under our care, the pet sitter / Joy Of Pets must be notified in advance. The pet sitter / Joy Of Pets will not enter an occupied home under any circumstances that we have not previously been made aware of, nor will we allow entry to any person we have not been made aware of. The pet sitter / Joy Of Pets will not be held responsible for any damages incurred to your home or pet(s) by said visitors. It is understood that anyone with access to the home will be notified of the pet sitter / Joy Of Pets presence and vice versa. The police will be called on all intruders or suspicious acts without exception.

Joy Of Pets agrees to provide the services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against the pet sitter / Joy Of Pets, except those arising from negligence of the pet sitter. Client agrees to notify the pet sitter / Joy Of Pets of any concerns within 24 hours of return.

I have read the above terms and conditions. I know, understand, and appreciate all terms stated above. By signing below, I am accepting this document as a contractual agreement.

Client Printed:	Client Signature:	Date:
Joy Of Pets Representative:		

Service Agreement:

General Information:

Name:		Direc	tions to Home:		
Address:					
City: State:	Zip:				
Home Phone:					
Work Phone:					
Do you have internet access? Yes	No	Email Addr	ess		
Number you can be reached at who How did you hear about us?	Yellow Pages	Referral	Friend	Vet	Flyer/Biz Card
Persons with access to your home:					
Security System:		Emergency C	Contacts:		
Security Code:	Name	:		_ Phone: _	
Garage Door Code:	Name	:		_ Phone: _	
Pet Sitting Fee Schedule:			Daily Dog W	alking Fee	Schedule:
One Daily Visit	\$20.00		For pets with	owners wh	o work long hours,
Two Daily Visits	\$38.00		mid-day dog walking is available Monday		_
Three Daily Visits	\$55.00		through Frida	_	
(Each visit lasts approx. 30 minutes) -	
	,				
45 min Daily Visit	\$30.00				
(each additional dog \$5.00)					
60 min Daily Visit	\$40.00		Dog Walking	/ 30 mins	\$20.00 per day
Special Instructions:					
			-		ner, Vet, etc., cost
			based on distance/time spent to and from destination.(\$.43/mile \$25/hour)		
Included with Pet Sitting:			`		,
C					
Mail Newspaper Garbage/Recycle Cans out	Water Plants	Alterr TV/Radio on	nate Lights Other	Open/Clo	ose Curtains
KEYS: Joy Of Pets: Pet Sitting & Dog Walking pr pick-ups and returns, and to avoid unneces			mplify arrangeme	nts for future	visits, scheduling key
I release my house keys to Joy Of pet(s) and myself. I may revoke this release I would like Joy Of Pets: Pet Sitting understand that there is a \$10 charge to drop the state of	se at any time and ong & Dog Walking	expect my keys to g to return my hou	be returned to me se keys after the c	e immediately current service	upon such revocation.
Joy Of Pets agrees to provide services \$ Services will be p	ces from		through		_ for a total of
Services will be p	ertormed in acc	cordance with the	ne instructions	contained h	erein. The client
waives any claims against Joy Of P	ets unless Joy C	It Pets is neglig	gent and does n	ot perform	as agreed herein.

Client Signature:	Date:			
Pet I	Profile			
Pet's Name	Pet's Name			
Type/Breed	Type/Breed			
Male/FemaleSpayed/Neutered	Male/FemaleSpayed/Neutered			
Age Birthday (if known)	Age Birthday (if known)			
First Time Alone? Yes No	First Time Alone? Yes No			
How does pet react to your absence?	How does pet react to your absence?			
Where does pet sleep?	Where does pet sleep?			
Feeding Instructions: A.M Mid Day P.M.	Feeding Instructions: A.M Mid Day P.M.			
Wet/Amount Dry/Amount	Wet/Amount Dry/Amount			
Where fed:	Where fed:			
Food Stored: Treats:	Food Stored: Treats:			
Medical Conditions:	Medical Conditions:			
Exercise Instructions:	Exercise Instructions:			
Trigger Word for Potty:	Trigger Word for Potty:			
Litter Box is located:	Litter Box is located:			
Other Special Instructions:	Other Special Instructions:			
Pet's Name Type/Breed	Pet's Name			
Male/FemaleSpayed/Neutered	Male/Female Spayed/Neutered			
Age Birthday (if known)	Age Birthday (if known)			
First Time Alone? Yes No	First Time Alone? Yes No			
How does pet react to your absence?	How does pet react to your absence?			
Where does pet sleep?	Where does pet sleep?			
Feeding Instructions: A.M Mid Day P.M.	Feeding Instructions: A.M Mid Day P.M.			
Wet/Amount Dry/Amount	Wet/Amount Dry/Amount			
Where fed:	Where fed:			
Food Stored: Treats:	Food Stored: Treats:			
Medical Conditions:	Medical Conditions:			
Exercise Instructions:	Exercise Instructions:			
Trigger Word for Potty:	Trigger Word for Potty:			
Litter Box is located:	Litter Box is located:			
Other Special Instructions:	Other Special Instructions:			
OTHER PET INFO:				
Favorite games & toys				
Are pet(s) afraid of thunderstorms? I	Oo pets have "accidents"?			

Any problems or anxieties about pet that we need to be aware of?	

Joy Of Pets: Pet Sitting

Phone:

VETERINARIAN RELEASE FORM

VET NAME _____ CLINIC NAME ADDRESS PHONE NUMBER _____ During my absence, a representative of Joy Of Pets: Pet Sitting & Dog Walking will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return. I will assume full responsibility upon my return for payment of veterinary services rendered. If above named veterinarian is not available, another vet in his/her veterinary group (is / is not) acceptable. If emergency care is needed after regular veterinary office hours, my pet(s) (may / may not) be taken to the nearest Emergency Veterinary Clinic. I understand that Joy Of Pets: Pet Sitting & Dog Walking assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I (do / do not) agree to authorize said veterinarian to euthanize my pet in extreme circumstances under his/her advisement after all reasonable attempts have been made to reach me. This consent for treatment has no expiration date unless otherwise noted. A photocopy/facsimile of the signed consent shall have the same force and effect as the Client/Pet Owner's original signature. Please file this form with my records. Client Signature: _____ Date: _____ Printed Name: Pet(s) Full Names:

Joy Of Pets: Pet Sitting

VETERINARIAN RELEASE FORM

VET NAME				
CLINIC NAME				
ADDRESS				
PHONE NUMBER				
During my absence, a representative of Joy Of Pets: Pet Sitting & Dog Walking will be caring for my pet(s) and has my permission to transport them to your office for treatment. I authorize you to treat my pet(s) and will be responsible for payment to you upon my return. I will assume full responsibility upon my return for payment of veterinary services rendered.				
If above named veterinarian is not available, another vet in his/her veterinary group (is / is not) acceptable. If emergency care is needed after regular veterinary office hours, my pet(s) (may / may not) be taken to the nearest Emergency Veterinary Clinic.				
I understand that Joy Of Pets: Pet Sitting & Dog Walking assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.				
I (do / do not) agree to authorize said veterinarian to euthanize my pet in extreme circumstances under his/her advisement after all reasonable attempts have been made to reach me.				
This consent for treatment has no expiration date unless otherwise noted. A photocopy/facsimile of the signed consent shall have the same force and effect as the Client/Pet Owner's original signature.				
Please file this form with my records.				
Client Signature: Date:				
Printed Name:				
Address: Pet(s) Full Names:				
City:				
Phone:				