



SERVICE AGREEMENT

PET SITTING & DOG WALKING

Client Name: _____

Date: _____

This service agreement is made in good faith between Angel Pets of Houston and the Client named above for pet care services beginning on _____ and ending on _____. Services will be performed _____ times per day or once ever _____ days, and will last _____ minutes each.

Time of day for visits requested: (extra charge for exact/specific times)

*Cat sitting service times may vary at the discretion of the sitter if only once per day or less. All other visits will occur within 1 hour of the requested time.

Morning 7:00 a.m. - 9:00a.m. _____ Length of visit: _____ minutes

Midday 11:30a.m. - 1:30 p.m. _____ Length of visit: _____ minutes

Evening 5:00 p.m. - 7:00 p.m. _____ Length of visit: _____ minutes

Night 8:00 p.m. - 10:00 p.m. _____ Length of visit: _____ minutes

Describe any variations of departure and return dates or varying length visits at different times of the day: _____

Actual departure date/ time: _____ Actual return date/time: _____

All terms and conditions included in the Information Form and the Veterinary Authorization and Release will be part of this agreement.

Service Description - The following services will be provided by an employee of Angel Pets for the duration of the service agreement. Please note variances required at each visit such as "Feed only in am", "ok to leave outside except overnight." etc

OTHER Special instructions: (water plants, pick up mail, alter lights/blinds, etc)

Payment – We accept checks made out to Angel Pets, cash or major credit cards. Pet care service described above will be provided at the following rates _____. Rates of subsequent visits are subject to change. Client agrees to make payment in full prior to, or at the time of, the first visit. Clients who book a M-F daily dog walk must remit payment every Monday. There will be a \$30 fee for returned checks. There will be a 5% late fee charged per day for each day a payment is late.

TOTAL DUE: _____ DUE DATE: _____

Emergency Care - In the event that a pet requires immediate medical attention, Angel Pets will make every attempt to contact the client before medical attention is sought. Angel Pets will follow all terms of the Veterinarian Authorization and Medical Release.

Severe Inclement Weather/Natural Disaster/Act of War or Personal Emergency - In the event of the above items, Angel Pets is entrusted to use best judgment in caring for the pet(s) and/or home of client and reserves the right to alter services outlined in this contract such as hire a contractor to cover visits, skip or shorten a visit, evacuate your pets, change the specified sitter, or find alternate care for them such as boarding. These events do not constitute an automatic refund. Refunds or credits will be issued at Angel Pets' discretion.

Angel Pets of Houston : 281-658-9661 : www.angelpetshouston.com

ANGEL PETS AGREEMENT Client: _____

Keys - Client agrees to provide a copy of house key(s) to Angel Pets during the initial consultation which will be

kept in a secure location and retained for future services. If client prefers to have keys returned after each service, client agrees to pay a \$30.00 key pick-up or drop off fee. Client may drop a key off to Angel Pets location each time they need service and pick it up afterwards using our secure lockbox. Angel Pets will not accept keys left under mats and will not leave keys under mats after service is over unless you have signed the Waiver of Liability for Key. Angel Pets will make a copy of the clients' key to provide a back up incase of emergency.

NOTE: The following individual also has a key to this property and may be contacted in case of emergency:

Name: _____ Phone # _____

Locksmith - In the event of a malfunction of the lock or keys or automatic door opener, and when there is no emergency key contact or they cannot be contacted or cannot make the key available in a timely manner, client authorizes Angel Pets to use the services of a locksmith to access the home to care for their pets if missing a visit would cause the pet to go with out food or water or a potty break for more than 12 hours. Client also agrees to reimburse Angel Pets within 7 days of return for all costs incurred and to hold Angel Pets harmless for consequences related to the activities of the locksmith.

Extra Services - Client agrees to pay \$30 per hour for trips to purchase necessary pet supplies, food or handle emergencies in addition to the cost of items. An invoice will be mailed or left at the house and client agrees to pay in full within 7 days of return. House cleaning (such as sweeping up litter, spilled food, pet hair on floor, cleaning up accidents on floor or poop scooping in yard) is not included in the basic service fees – only litter scooping for cats as agreed upon is included. These additional services may be performed at the pet sitter discretion and may be billed to the client if it requires a longer visit.

Travel Confirmation - Client agrees to call Angel Pets at 281-658-9661 or email us prior to leaving if appointment begins more than 3 days from now, to confirm departure, and again upon returning home to let us know the pets are safe. If client expects to arrive home earlier or later than planned Angel Pets must be notified as soon as possible. We are glad to provide additional service if needed. If we are not notified of your return we will assume you were delayed and continue our visits. If you arrive home early that does not constitute an automatic refund for remaining services. A credit may be given at Angel Pets' discretion.

Cancellation - Angel Pets requires 3 days cancellation notice. Less than 3 days' notice will result in a 50% refund or credit. Less than 24-hours' notice will result in client being billed for 100% of the fee for the full length of the scheduled services. Angel Pets will refund fees within 7 days or give credit for future services.

Liability - Client waives and relinquishes any and all claims against Angel Pets of Houston, its employees and/or independent contractors, except those arising from negligence of the sitter. Client agrees to notify Angel Pets of any concerns related to the agreed upon services within 24 hours of return home.

Vaccinations - Client agrees that they have current vaccinations on all pets. Should the sitter be bitten or otherwise exposed to any disease or ailment received from clients pet(s), client agrees to pay for costs of damages incurred.

Outdoor Access - Angel Pets will not be held liable for the well-being or action of any pets with unsupervised access to the outdoors.

Aggressive Animals - Aggressive pet consultation visits prior to service are \$15 per 15 minutes. If a pet exhibits aggressive behavior, Angel Pets reserves the right to transfer, limit or cancel services. Client will be held liable for sitter's medical expenses and/or damages that are a result of an animal bite or injury due to pet's aggressive behavior.

Visitors - The following individuals might be visiting the property while the Client is away:

Name: _____ Car: _____

Name: _____ Car: _____

Angel Pets accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement.

Angel Pets will not enter an occupied home if notification has not been previously given. Unless instructions have been given by Client no access will be granted to visitors. Angel Pets will not be held responsible for any damages incurred to Client's home or pet(s) by visitors. It is understood that anyone with access to the home will be notified of Angel Pet's presence and vice versa. The police will be called, without exception, on all intruders or suspicious acts. It is a good idea to notify a neighbor you will be away and a pet sitter is coming.

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ANGEL PETS AGREEMENT

Client states that he/she has read this entire agreement and understands and agrees to its terms and conditions.

Client Name (PRINT): _____

Client Signature: _____ Date: _____

Detailed Customer Information

Owner's Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

Owners Cell: _____

Other Cell: _____

E-mail Address: _____

Alarm Company: _____

Alarm Code: _____

Alarm Instructions: _____

Cleaning Service: _____ Day of Week: _____ Key: Y N

Pest Control: _____ Day of Week: _____ Key: Y N

Pool Service: _____ Day of Week: _____ Key: Y N

Lawn Service: _____ Day of Week: _____ Key: Y N

Other: _____ Day of Week: _____ Key: Y N

Garbage Day: _____ Garbage Location: _____ Recycle: Y N

Treats? Y N Location: _____

Medication Y N SEE PET INFO SHEET if yes

Should Angel Pets clean floors? Yes No *Additional fees may apply for excessive cleaning

Kitty Litter _____ (sweep) Vomit _____ (rags, carpet cleaner?) Potty accidents: _____

Special instructions for clean up? _____

Cleaning supplies location: _____

Where is the vacuum, mop and broom kept? _____

Extra Paper towels: _____

Pet Supplies: Towels for Dog(s) for Rainy/Wet weather days: _____

DOG: Scoop yard poop? ___ Yes ___ No

Where put poop: _____ Replace litter? ___ Yes ___ No.

Litter replaced how often? _____

Location of Poop bags/Litter ? _____

Kennels/Carrier for every pet? ___ Yes ___ No

If No, how to transport? _____

Kennels/Carrier location if transportation is needed: _____

Please complete a Pet Info Sheet for each pet in your household and a Vet Authorization form.