

Service Agreement Pollywog's Pet Sitting

I/We _____ (hereinafter referred to as "Client") agree to have Pollywog's Pet Sitting (hereinafter referred to as "Service Provider") to provide services as agreed on estimate or invoice, which may include one or more of the following: !

45 min. visit / 30 min. visit / 20 min. visit / 15 min. visit

! Poop Scoop

! Home Security Service

! Additional Dog(s)

! Walks- 30 min. visit / 45 min visit / 10- 15 min. visit

! Key pick up/drop off

! Holiday/Weekend Fee

! Overnight Visit

*Services outside area zones fees will apply (see website for areas)

Total Fees: Payments are to be made to Service Provider and given to Service Provider prior to services commencing for the given period stated on estimate or invoice unless otherwise agreed upon by both parties in writing as an addendum to this agreement. 24 hour notice is required for cancellations. Full day fee for cancellations less than 24 hours. A 10 day notice for Holiday cancellations is required otherwise Full day fee is due.

Description of Services: Business hours are Sunday thru Saturday and include Weekends/Holidays as listed on website. Special rates for Holidays are available upon request. I/We Client understand that Service Provider will care for my animal(s) in my absence and this care may require access to my home(s). This care is valid only for animals and is not provided for persons. This animal care may include the following: feeding, providing water, walking my dog(s), providing love and affection to my animal(s), treats, administering medications, providing emergency transportation, admittance to a veterinarian clinic or animal hospital, and any other services which may be required to carry out the duties set forth herein. Service Provider will make all reasonable efforts to provide for the safety and the well being of your animal(s) but makes no guarantees that such efforts will be sufficient in all circumstances.

Responsibility/Release and Assumption of Risk: Client acknowledges that the Services offered may be an activity in which damage or injury to animal(s) and/or persons may occur. Client will assume full financial responsibility for the actions of their animal(s). I/We Client understand and are aware that the Services described in this Agreement contain inherent risks and dangers which could result in injury and/or damage to and/or by Client's animal(s) which may arise resulting from, but not limited to, the hazards of all types of traffic, dangerous dogs and animals, interaction with people and other animals, dog aggression, dog attacks, injury to animals or persons, exposure to areas with novel or unfamiliar stimulus, all types of weather and/or unsafe conditions, the hazards of caring for injured, sick or elderly animals, the dangers of civil disturbance, the forces of nature, the negligent or reckless acts or omissions of, and/or the Service Provider's employees or it's subcontractors.

The terms of this agreement shall serve as a release and express assumption of risk for myself, my animal(s), my heirs, assignees, administrators, executors, and all members of my family, including any minors. I have read and fully understand the provisions and the legal consequences of this Release and Assumption of Risk and I hereby agree to all its conditions, especially noting and agreeing to the release of the Service Provider and its agents, employees, officers, directors, associates, affiliated companies, subcontractors, and related individuals to the extent permitted by law, from liability for injury or damage to or by our animal(s).

Severability: If any provision of this agreement is deemed to be unenforceable for any reason, this will not affect the validity and enforceability of any other provision of this Agreement.

Termination: Either Client or Service Provider has the right to terminate this Agreement at any time by notice to the other. Client acknowledges that Services will cease upon termination of this Agreement.

This Agreement supersedes all other agreements, written or oral, between Client and Service Provider. This contract for services shall be governed by the laws of Colorado and enforced in the Colorado Courts.

Executed on this _____ day of _____, 20_____

(Client)

(Service Provider)

(print name)

(print name)

(signature)

(signature)

Pollywog's Pet Sitting - Veterinarian Release Agreement

In the event that any of my pets or large animals appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of Pollywog's Pet Sitting, I give permission to Polly Brunelle of Pollywog's Pet Sitting to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Care Information Form. Other veterinarians or emergency care clinics chosen by the dog walker are acceptable.

I ask Pollywog's Pet Sitting to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$ _____ per pet / all pets (most common values are \$200, \$1000, or unlimited).

I understand that every effort will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is or is not deemed life threatening and/or contact is possible. I understand that my Veterinarian pet care providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow Pollywog's Pet Sitting to use their best judgment in handling these situations, and I understand that Pollywog's Pet Sitting assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s). Client agrees to hold Polly Brunelle of Pollywog's Pet Sitting harmless from all claims associated with pets when acting in good faith as such a reasonable animal care provider would provide.

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 10 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by Pollywog's Pet Sitting for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 10 days of each incident. Fees are \$10.00 per 30 minutes plus standard mileage according to IRS current mileage rates at www.irs.gov for any Pet Taxi services.

I further authorize Pollywog's Pet Sitting and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

Every dog and cat at the site of service will be current (per my veterinarians recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify Pollywog's Pet Sitting of any signs of injury or possible illness before any visit as soon as the condition appears. Pollywog's Pet Sitting reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Pollywog's Pet Sitting strives to provide clean, safe service to each of our clients. In doing so, Pollywog's Pet Sitting strongly recommends that each pet and large animal be vaccinated, dewormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Pollywog's Pet Sitting cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within Pollywog's Pet Sitting. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

Client/Owner Name: _____

Client Signature: _____

Date: _____

Pollywog's Pet Sitting * 719.287.5553 * pollywogsoets@gmail.com * www.pollywogspets.com