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## In-Home Service Agreement

This contract is made and entered into on \_\_\_\_\_ by and between Barks & Recreation Inc of Seminole, FL (hereinafter referred to as "B&R") and Client \_\_\_\_\_

(hereinafter referred to as "Client") residing at physical address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ (hereinafter referred to as "Premises")

Alarm:  Yes  No (for security purposes we do not write alarm code on this paper)

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Key to premises?  Yes  No

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Key to premises?  Yes  No

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How often would you like to receive updates?  Every Visit  Every Day  First & Last Days

Preferred communication method for updates?  Phone  Text  Email

Services to provide: \_\_\_\_\_ 30min Home Visit \_\_\_\_\_ 60min Home Visit

\_\_\_\_\_ Overnight Care 9pm - 7am \_\_\_\_\_ 24hr Home Care

Will this be a reoccurring service? If so, please explain terms & daily, weekly, etc. \_\_\_\_\_

**Key Policy:** Client authorizes B&R to enter the premises to perform services. B&R requires a minimum of TWO working keys for all clients' homes. NO KEYS will be accepted under the doormat, hidden on premises, mailed by regular mail, or locked in the home on last visit. Unless two keys are provided upon initial interview, a key pick up charge of \$10 will be added to clients' invoice for time and travel to pick up key(s).

**Injury to Client's Pet(s) by Other Animal(s):** B&R and its staff will not be responsible for any pet(s) that instigate fights with other animals or is injured by another animal while in B&R care. B&R will take all appropriate actions to ensure that client's pet(s) are not placed in the company of aggressive or violent animals and/or will immediately remove client's pet(s) from any animal fight.

**Injury or Escape of Pet(s):** Client, B&R and its staff are aware that the highest level of care shall be given to any and all pets under the care of B&R. Client is aware that pets are instinctual in nature and not always controllable by B&R staff even when the highest level of care is provided. Should the client's pet(s) run away or be injured, the client agrees that B&R and its staff will not be responsible for any liability. The above waiver of liability in favor of B&R and its staff shall not apply or be effective if B&R or its staff's conduct in providing pet care services is found to be grossly negligent, reckless or if there is intentional misconduct.

**Injury to Staff or Another Person by Client's Pet(s):** Client will be responsible for all medical expenses and damages resulting from an injury to B&R staff or other persons by the Client's pet(s). Client agrees to pay the full cost of any and all medical expenses and damages should they arise to B&R staff or their possessions as a result of the client's pet(s) actions. Client agrees to indemnify, hold harmless, and defend B&R and its staff in the event of a claim by any person injured by the client's pet(s).

**Medical and Behavioral Problems of Pet(s):** If any medical or behavioral problems develop while my pet(s) are in the care of B&R and its staff, I authorize B&R to do whatever is deemed necessary for the safety, health and well being of my pet(s).

**Unsafe Pet(s):** This contract permits B&R to use discretion to stop and end services at any time that client's pet(s) pose a danger to the safety and health of itself, other pets and people or B&R staff.

**Payment Policy/Cancellation Policy:** All payments are due prior to services commencing and client agrees to the filed rates for the services they have requested. By signing this contract client agrees to the B&R cancellation policies, which are as follows:

- **Home Visits:** Home visits require a cancellation notice **24 hours** in advance to receive a full refund. If a cancellation notice is given less than 24 hours, then a refund WILL NOT be given. Also, cancellations for Mondays must be given the Saturday before, by the time of closing.
- **Overnight Stays:** Overnight stays require a cancellation notice **48 hours** in advance to receive a full refund. If a cancellation notice is given less than 48 hours, then a refund WILL NOT be given. Also, cancellations for Tuesdays must be given the Saturday before, by the time of closing.
- **Holidays:** All holiday service reservations require a 50% deposit at the time of scheduling and the remaining balance will be due 1 week before, when the reminder call is given. Cancellation notices for holidays must be given **1 week** in advance to receive a full refund. If a cancellation notice is given less than 1 week, then a refund WILL NOT be given (this includes deposit). There is an additional charge of \$10 per visit on each of the dates below. Holidays include: New Year's Day, Easter, Memorial Day, 4<sup>th</sup> of July, Thanksgiving Day, Christmas Eve and Christmas Day.

**Early Return/Late Departure:** We plan in advance for staff availability to be able to accommodate client's service dates. Therefore, if a client is to return home early or depart later than the reserved service dates, full payment will still be expected and no refund/credit will be given.

**Solicitation of B&R Staff:** Client agrees that the B&R staff works only through B&R and not directly through the client. Client agrees that all present and future services must be made directly through B&R and not the individual staff member. Client is aware that the B&R staff member may give out his/her personal number and it is to be used only in the event of an emergency or agreed

upon communication during the time services are being provided. Client agrees that the staff member's number will not be used to solicit future services and is also aware that if this contract is broken, then legal fees and charges will apply.

**Home Care:** B&R is not responsible for any damage to the property or home of the client unless such damage is caused by the negligent act of B&R staff. B&R is not responsible for damage to the home beyond the control of its staff. This includes, but is not limited to: electrical problems, leaks and acts of nature. The client agrees to pay for all repairs to the home and related fees.

B&R is not liable for any loss or damage in the event of a burglary or other crime that should occur while under this contract. Client agrees to secure home prior to leaving the premises. B&R staff will attempt to re-secure the home according to client instructions at the end of each visit.

Client is responsible for pet proofing the home, yard and fences/gates/latches. B&R is not responsible for the safety of the pet(s) and will not be liable for the death, injury, disappearance or legal consequences of any pet(s) with unsupervised access to the outdoors.

**Illness/Veterinary Care/Supplies:** Client is aware and agrees to the medical costs of any fees should they arise from pet(s) being ill or needing veterinary care. Client agrees to pay B&R a \$50 fee if the pet(s) need to be taken to the vet. If B&R has to purchase any supplies needed that were not provided or runs out, such as food, medications, etc., the client agrees to reimburse B&R the full amount of expenses.

**Returning Home:** Sometimes with travel there can be unforeseen circumstances that prevent you from being able to return home on time when planned. We ask that clients call us ahead of time to let us know that your return home is still as scheduled and also when you arrive home to let us know that no further services are needed. If a client is having travel issues and will not be returning home as scheduled, we ask that you call us to let us know so that we may make arrangements to extend services for your pet(s). Also, Client agrees to pay B&R for any additional charges if services are extended.

**Terms:** The terms of this contract apply to all pets owned by the client, including any new pets the client obtains after this contract is signed, at any and all locations the client designates for service.

**By signing below I state that I have read, understand and agree to the terms and conditions of this contract.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Signature: \_\_\_\_\_

Client Printed Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Barks & Recreation: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

## Pet Information

1. Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male or Female

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

2. Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male or Female

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

We require all pets be up to date on their Rabies

Date of last Rabies vaccination: 1<sup>st</sup> pet: \_\_\_\_\_ 2<sup>nd</sup> pet: \_\_\_\_\_

Are there any special needs, health problems or allergies we should know about? \_\_\_\_\_

Are they currently on any medications? If so, please explain: \_\_\_\_\_

Have they been ill or had any non-routine vet visits in the last 30 days? If so, please explain: \_\_\_\_\_

Is your pet on a prescription diet? If so, what brand and any special instructions: \_\_\_\_\_

Time to eat: (Circle) AM Afternoon PM

Amount and any special instructions (please be exact): \_\_\_\_\_

Do they use a crate?  Yes  No

Are there any special instructions for walks? \_\_\_\_\_

How do they react to strangers? \_\_\_\_\_

Do they: Bite? \_\_\_\_\_ Growl? \_\_\_\_\_ Hide? \_\_\_\_\_ Jump? \_\_\_\_\_ Other? \_\_\_\_\_

Have they ever shown aggression at all? \_\_\_\_\_

To people? \_\_\_\_\_ To other dogs? \_\_\_\_\_ With toys? \_\_\_\_\_ Personal space? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Have they ever bitten a person or another dog? If so, please explain: \_\_\_\_\_

Are there any kinds of people/items/noises they fear or dislike? \_\_\_\_\_

Please describe their play style: \_\_\_\_\_

Please tell us where we can find the following items during our visit:

Leash: \_\_\_\_\_

Food: \_\_\_\_\_

Food/Water Bowls: \_\_\_\_\_

Treats: \_\_\_\_\_

Medication: \_\_\_\_\_

Crate/Carriers: \_\_\_\_\_

Vacuum/Broom: \_\_\_\_\_

Extra Paper Towels: \_\_\_\_\_

Cleaners: \_\_\_\_\_

Trash Cans: \_\_\_\_\_

If there is anything that we forgot to ask, please take the time to describe any further details about the care of your pet(s) or any household instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Barks & Recreation

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize emergency veterinary treatment in the event that your pet(s) require urgent treatment while in the care of Barks & Recreation. Should you change veterinarians, please notify us as soon as possible. By signing this agreement you also authorize that in the event we are unable to contact your veterinarian or have your pet(s) seen within a reasonable amount of time, considering the emergency, that Barks & Recreation may take them to the nearest available veterinarian/emergency clinic. Please remember that we will always try to contact you and your primary veterinarian first.

Client Name: \_\_\_\_\_

Pet(s) Name: \_\_\_\_\_

### **To Whom It May Concern:**

**I have contracted for services from Barks & Recreation and I authorize Barks & Recreation and its staff to act on my behalf to transport and request veterinary treatment and services when they deem it necessary. I also accept full responsibility for all charges incurred for the treatment of my pet(s).**

Primary Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

I, \_\_\_\_\_, authorize the treatment of my pet(s) and will be fully responsible for any and all charges and fees. Any balances due will be paid immediately upon my return.

### Client

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Barks & Recreation

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_