

8486 Seminole Blvd Seminole, FL 33772 Phone: (727) 619-7107 Fax: (727) 619-7108

www.barksandrecstpete.com

## <u>In-Home Service Agreement</u>

This contract is made an	d entered into on by a	by and between Barks & Recreation Inc of					
Seminole, FL (hereinafte	r referred to as "B&R") and Client _						
(hereinafter referred to	as "Client") residing at physical addr	ess:					
Street:		City:					
State:Zip:	Zip: (hereinafter referred to as "Premises")						
Alarm: □Yes □No	$\square$ No (for security purposes we do not write alarm code on this paper)						
Home #:	Cell #: Work #:						
Email:							
Emergency Contact:		Key to premises? $\square$ Yes $\square$ No					
Home #:	Cell #:	Work #:					
Emergency Contact:		Key to premises? $\square$ Yes $\square$ No					
Home #:	Cell #: Work #:						
How did you hear about	us?						
How often would you lik	e to receive updates? □Every Visit	□ Every Day □ First & Last Days					
Preferred communicatio	n method for updates? □ Phone□ To	ext $\square$ Email					
Services to provide:	30min Home Visit	60min Home Visit					
	Overnight Care 9pm – 7am	24hr Home Care					
Will this be a reoccurring	g 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.

<u>Injury to Staff or Another Person by Client's Pet(s)</u>: 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).

<u>Medical and Behavioral Problems of Pet(s)</u>: 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).

<u>Unsafe Pet(s)</u>: 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.

<u>Payment Policy/Cancellation Policy:</u> 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: Presidents Day, Easter, Memorial Day, 4<sup>th</sup> of July, Labor Day, Veteran's Day, Thanksgiving Week Sat-Sun, Dec 22<sup>nd</sup> through Jan 2<sup>nd</sup>.

**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.

<u>Solicitation of B&R Staff:</u> 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.

<u>Illness/Veterinary Care/Supplies:</u> 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:		Col	or:		Weight:
2. Pet Name:			Age:	DOB:	Male or Female
Breed:		Col	or:		Weight:
We require all pets be up to d	late on thei	r Rabies			
Date of last Rabies vaccinatio	n: 1st pe	et:		2nd pet:	
Are there any special needs, h	nealth prob	lems or all	lergies we	should kno	ow about?
Are they currently on any me	dications?	If so, pleas	e explain:		
Have they been ill or had any	non-routir	ne vet visit	s in the las	t 30 days?	If so, please explain:
Is your pet on a prescription	diet? If so,	what branc	d and any s	special ins	tructions:
Time to eat: (Circle) AM	Afternoon	PM			
Amount and any special instr	uctions (pl	ease be ex	act):		
Do they use a crate? □Yes	$\square$ No				
Are there any special instruct	cions for wa	alks?			
How do they react to strange	rs?				
Do they: Bite? Grow	l?	Hide?	Jump	)?	_ Other?
Have they ever shown aggres	sion at all?				
To people? To oth	er dogs?	W	ith toys? _		Personal space?
If so, please explain:					
Have they ever bitten a perso	n or anoth	er dog? If s	so, please e	xplain:	
Are there any kinds of people	e/items/no	ises they fo	ear or disli	ke?	
Please describe their play sty	le:				

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 the care of your pet(s) or any household instructions:	to describe any further details about
Client	
Printed Name:	
Signature:	Date:
Barks & Recreation	
Printed Name:	
Signature:	Date:

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

## **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 Conc	ern:		
and its staff to act on	my behalf to transport and r ecessary. I also accept full r	eation and I authorize Barks & Re request veterinary treatment and responsibility for all charges inc	l services
Primary Veterinarian: _			
Address:	City:		
State: Zip: _	Phone #:	Fax:	
fully responsible for any my return.  Client	y and all charges and fees. Any	norize the treatment of my pet(s) and balances due will be paid immedia	itely upon
Printed Name:			
Signature:		Date:	
Barks & Recreation			
Printed Name:			
Signature:		Date:	