Mutt Strutz
Service Agreement

Please PRINT CLEARLY and fill out to the best of your knowledge. Thank you!

Human Profile

Name(s):

Cell #:

Work #:

Home address:

Email address:

Emergency Contact

Please circle yes or no if they have a copy of your house key. An emergency contact should be able to make a decision about the care of your pets or home if I cannot reach you during an emergency.

#1 Name:

Relation:

Cell #:

Key: Y / N

#2 Name:

Relation:

Cell #:

Key: Y / N

Dog Profile

Name:

Breed:

Age/DOB:

Microchipped: Y / N

Sex: M / F

Weight:

Spayed/Neutered: Y / N

Behavioral Information – Please initial!

____Owner represents to Mutt Strutz that the pet(s) enrolled herein is in good health and does not possess bite histories with either humans nor other dogs.

____Mutt Strutz strives to care for pets in a way that is safe and healthy. Owner recognizes that enrollment of pet(s) raises certain risks, including pet(s) becoming injured or killed, or contracting certain illnesses, fleas, and/or other infestations which are beyond Mutt Strutz's ability to fully assess and/or control. Because unspayed females can go through "silent heats," there is a risk of pregnancy, which Owner accepts upon enrollment.

____Owner recognizes that Mutt Strutz is not liable for injuries or illnesses caused by the negligence of any other pet care business or private individuals.

Please mark all that apply:

____My dog cannot be around children/I am unsure about my dog being around children.

____My dog cannot be around cats/I am unsure about my dog being around cats.

____My dog has killed a squirrel/bird/other creature besides a moth/spider/other insect.

____My dog is an escape artist (ex: runs away if not on leash, climbs fences, jumps out car windows).

____My dog has swallowed non-food items such as rocks, socks, kids' toys, etc. If yes, please describe items, the circumstances under which they were ingested, and whether surgery was necessary:

____My dog has demonstrated reactivity/aggression* <u>while on leash</u> toward:

(*Reactivity = barking, pulling, whining. Aggression = lunging, snarling, hackles raised)

__People

__Other dogs

__Squirrels/cats/birds

__Other (please describe trigger):

____My dog is afraid of/reacts to (circle all that apply):

Vacuums	Fireworks	Strangers
Thunder	Sirens/alarms	Being crated

Other (please describe):

Veterinary Information

Name of hospital: Address:

Phone #: Preferred doctor:

Allergies/diet restrictions:

Current medications and dosages:

Injuries/health issues:

___My dog sometimes coughs due to tracheal damage, allergies, or other reasons unrelated to respiratory illness. Please describe:

Video Surveillance

__I have video cameras/audio recording devices on my property.

__I do not have video cameras/audio recording devices on my property.

You of course have every right to use cameras on your property, but please respect my right to privacy, too!

Terms and Conditions

1. Owner agrees to prompt payment for any services rendered. Cash, check, and Venmo are all accepted forms of payment. **Checks can be made out to SARAH LINDSAY**. Prices are as follows:

ONE DOG	**TWO DOGS**
30min walk: $25	30min walk: $35
60min walk: $35	60min walk: $45
60min park visit: $40	60min park visit: $55
House sitting: $95/night	House sitting: $105/night

2. Owner recognizes that **there is a 20% cancellation fee for any house sitting services cancelled within 48 hours of service start date**.
3. Owner recognizes there is a **$20 service charge for house sitting services on holidays** not limited to but including: Christmas Eve, Christmas Day, New Years Eve, New Years Day, Easter, Memorial Day, Labor Day, and 4th of July.
4. Mutt Strutz is authorized to care for owner's pet(s) as outlined in this contract.
5. Mutt Strutz is authorized to seek any medical care if deemed necessary with release from all liabilities related to transportation, treatment, and expenses, and is authorized to approve medical and/or emergency treatment (excluding euthanasia) as recommended by a licensed veterinarian. Owner agrees to reimburse Mutt Strutz for any and all expenses incurred attending to this need.
6. **The owner is responsible for any costs/payments due to harm caused by pet(s) to any animal or human.**
7. All dogs are required to be fully vaccinated and licensed by their city.
8. Owner understands that this contract is for walking/park runs/house sitting ONLY and will not include ANY formal training.
9. Owner understands that in the best interest of both owner's dog(s) and Mutt Strutz, walks and park runs will not be provided in unsafe weather conditions (ex: extreme heat/cold, high winds, thunder/lightning, snow/ice).

Release of Liability

I do hereby release Mutt Strutz, LLC and/or Sarah Lindsay from any and all liabilities of any nature for the actions of myself, my pet(s), or any person who accompanies me, or holds a key to my home, except those arising from negligence or willful misconduct on the part of Mutt Strutz. Mutt Strutz agrees to provide all services in a kind, reliable, and trustworthy manner. I agree to notify Mutt Strutz of any concerns within 24 hours of last service. In case of an emergency, inclement weather, or a natural disaster, I authorize Mutt Strutz to use reasonable judgment for the care and wellbeing of my pet(s) and/or residence.

I understand that Mutt Strutz can terminate this contract if my pet becomes a threat to the safety or health of the community due to aggressive behavior. I acknowledge and am responsible for medical expenses and damages resulting from an injury to any person or animal caused by my pet(s). **Mutt Strutz reserves the right to refuse service to any client, at any time, for any reason.**

I attest that the above information is true to the best of my knowledge. This signed document gives Mutt Strutz authorization to enter the above listed address as needed to perform the necessary service. I authorize this contract to be valid approval for services so as to permit Mutt Strutz to accept all future telephone/email/in-person reservations and enter my home without additional signed contracts or written authorization.

Acknowledged and agreed to by:

_____ _____

Signature of Owner **Printed Name of Owner, Date**