

SAFE AT HOME, LLC

Terms of Agreement for Pet Care Services Performed in Your Home

This signed document is an agreement between Safe At Home, LLC and _____ (Client) for pet care services beginning _____ ending _____, and thereafter on an as-needed basis. Safe At Home agrees to provide pet care services to Client in a reliable, trustworthy, and caring manner. (Client) requests the following during the above service period:

Day/Date 1st visit to be made: _____ / ____ / ____
____ Morning (7a-10a) ____ Mid Day (11a-2p) ____ Evening (4p-7p) = \$ _____

Visit(s) to be made by sitter daily: ____ / ____ - ____ / ____ = _____ **Visits Per Day x \$20 Day**
____ Morning (7a-10a) ____ Mid Day (11a-2p) ____ Evening (4p-7p) = \$ _____

Day/Date last visit to be made: _____ / ____ / ____
____ Morning (7a-10a) ____ Mid Day (11a-2p) ____ Evening (4p-7p) = \$ _____

KEY

Key received: ____ Yes ____ No (if not, when) _____

Key tested ____ Yes ____ No

Key to be returned: ____ In Person ____ Left on final visit, Location: _____

____ Key to be returned by mail

____ Retained by Safe At Home for future visits

____ Other, describe _____

PET CARE

1. (Client) authorizes Safe At Home to perform pet care services as outlined in the Client Profile, Pet Profile, and Policy & Procedures, which shall become part of this contract.

2. If a pet becomes ill while under the care of Safe At Home, (Client) authorizes Safe At Home to transport pet to (Client's) veterinarian (or one who is available) if this is needed in his/her best judgment. (Client) authorizes and approves any emergency treatment recommended by the veterinarian (unless otherwise stated in the Veterinarian Treatment Authorization form) and (Client) agrees to pay promptly for any charges incurred. (Client) releases Safe At Home from any and all liabilities related to transportation, treatment, and expenses.

PAYMENT

1. Pet care services will be provided at the rate of:

\$ _____ **Per Visit**
x _____ **Total Number of Visits (From ____ / ____ To ____ / ____)**
= _____ **Subtotal**
+ _____ **Add for Holiday Occurring During Service Period; specify _____**
- _____ **Discounts, Coupons, Gift Certificates**
= _____ **Total Due**

2. As a first time client, (Client) agrees to pay in full at the time of the consultation visit or at the time of reserving service. For future service periods (Client) agrees to leave payment (in a predetermined spot in (Client's) home) for the Total Due at the first visit of that scheduled service.
3. (Client) agrees to reimburse Safe At Home for any additional fees for tending to emergency or veterinary care, as well as any expenses incurred for any other unexpected home, food, or other supply needs. (Client) also agrees to reimburse Safe At Home for additional time at \$15 per hour in case of an emergency.
4. If (Client) arrives home early, (Client) has the right to decide if (Client) wishes Safe At Home to continue to care for (Client's) pet or not, but understands that FULL payment is still due as Safe At Home has reserved this time slot in order to care for (Client's) pet.
5. (Client) understands that if (Client's) absence must be extended, Safe At Home requires direct confirmation (not a phone message or e-mail) for the unscheduled visits. This is to avoid the possibility of missed messages which could result in interrupted care of (Client's) pets.

LIABILITY

1. (Client) expressly waives and relinquishes any and all claims against Safe At Home, except those proved to be arising from negligence on the part of Safe At Home.
2. Safe At Home, company owner, agents, assigned successors, and heirs are not liable and are completely indemnified for any and all liability stemming from the act or failure to act of third parties, whether known or unknown, including but not limited to, friends, neighbors, relatives or service persons, that shall enter (Client's) residence or property for any purpose while Safe At Home is caring for (Client's) pet. Below is a list of names and phone numbers of persons with access and permission to enter (Client's) home residence or property:

	Name	Phone Number
Emergency Contact	_____	_____
Electrician / Maintenance	_____	_____
Pool Service	_____	_____
Child Care / Maid Service	_____	_____
_____	_____	_____

3. It is expressly understood and agreed that Safe At Home shall not be held responsible for any damage to (Client's) property, or that of others, caused by (Client's) pet during the period in which the pets are in the care of Safe At Home.
4. If (Client's) pet has a history of biting or other aggressive behavior, Safe At Home reserves the right to refuse service. Bites must be reported to the local authorities as provided by law. (Client) will be liable for sitter's medical care expenses and damages that result from an animal bite.

5. (Client) attests to the fact that all licenses and vaccinations required by the State of Louisiana, City of Baton Rouge, and Parish of East Baton Rouge are current according to law. _____ (Initial here)

(CLIENT) AUTHORIZES THIS AGREEMENT TO BE VALID APPROVAL FOR FUTURE SERVICES SO AS TO PERMIT SAFE AT HOME TO ACCEPT (CLIENT'S) TELEPHONE OR EMAIL RESERVATIONS AND TO ENTER (CLIENT'S) PREMISES WITHOUT ADDITIONAL SIGNED CONTRACTS OR WRITTEN AUTHORIZATIONS. Key on file _____ (Initial here)

(Client) has been provided a copy of the aforementioned Policies and Procedures, which are a part of this service agreement. (Client) has completed and signed the required Veterinary Release, Client Profile, and Pet Profile forms.

Client Signature _____ Date ____/____/____

Safe At Home Representative _____ Date ____/____/____

EXTRA SERVICES

(Client) requests the following extra services:

- Water: ___Potted Plants ___indoor ___outdoor ___garden ___flower beds How often? _____
- Pick up mail? Is your mailbox locked? If yes, where is the key? _____ Box # _____
- Pick up newspapers?
- Lights off in the morning / on at night
- Drapes/blinds - open in the morning / closed at night
- Radio/TV - on all day/night ___ on / off when? _____
- Set out trash on collection day _____
- Clean out pool skimmer baskets and dispose contents where? _____

Additional requests agreed to by Safe At Home

- _____
- _____
- _____