



Contact: Kim Topola : Owner/Operator

P : (416) 829-1156 . E: info@dogsinthebluffs.com

SERVICE AGREEMENT

This agreement is effective from dd : _____ /mm: _____ /yr: _____ and is between
Dogs in the Bluffs ("the Company") and _____ ("the Client")
who resides at : _____

_____ and shall not include any representation, promise or warranty other than those set out herein.

Any changes to this agreement must be done in writing and agreed upon by both parties or they will be null and void. With any changes, a new agreement will be presented before any new services are rendered.

The purpose of this agreement is for the Company to provide the following service(s) :

_____ to the Client.
(list service(s) requested)

This agreement constitutes permission to enter above address and for the Company to perform duties agreed to herein.

Payment for Services: (Check mark your form of payment) Cash ☐ Cheque ☐ E-transfer ☐

Key Release: given to _____ dd : _____ /mm: _____ /yr: _____
Name of Dogs in The Bluffs representative

Alarm Code Release : given to _____ dd : _____ /mm: _____ /yr: _____
Name of Dogs in The Bluffs representative

CLIENT INFORMATION:

Client Name: _____

Cell: _____ Work: _____ Alternate #: _____

Spouse Name: _____

Cell: _____ Work: _____ Alternate #: _____

Address: _____

Unit: _____ City: _____ Province: _____

Email: _____ Alarm Code: _____

Alternate Key Holder: _____ **Contact:** _____

DOG/PET # 1 INFORMATION:

Dog/Pet # 1 Name: _____

Breed: _____ Colour: _____ Age: _____ Gender : _____

ID Number: _____ Spayed/Neutered _____ Micro chipped: Yes/ No

Brand of Food: _____ Portion Size: _____

Time of Day: _____ Treats Allowed: _____

Dietary Restrictions: _____

Behavioural Issues/Precautions: _____

Has your pet ever bitten anyone? _____

Current Medical Conditions: _____

Medications/ Dose: _____

Type of Harness, Leash and Collar: _____ Provided by: _____

Additional Medical History and/or Instructions: _____

Client Name (*please print*) _____

Client Signature _____

DOG/PET # 2 INFORMATION:

Dog/Pet # 2 Name: _____

Breed: _____ Colour: _____ Age: _____ Gender : _____

ID Number: _____ Spayed/Neutered _____ Micro chipped: Yes/ No

Brand of Food: _____ Portion Size: _____

Time of Day: _____ Treats Allowed: _____

Dietary Restrictions: _____

Behavioural Issues/Precautions: _____

Has your pet ever bitten anyone? _____

Current Medical Conditions: _____

Medications/ Dose: _____

Type of Harness, Leash and Collar: _____ Provided by: _____

Additional Medical History and/or Instructions: _____

Client Name (*please print*) _____

Client Signature _____

DOG/PET # 3 INFORMATION:

Dog/Pet # 3 Name: _____

Breed: _____ Colour: _____ Age: _____ Gender : _____

ID Number: _____ Spayed/Neutered _____ Micro chipped: Yes/ No

Brand of Food: _____ Portion Size: _____

Time of Day: _____ Treats Allowed: _____

Dietary Restrictions: _____

Behavioural Issues/Precautions: _____

Has your pet ever bitten anyone? _____

Current Medical Conditions: _____

Medications/ Dose: _____

Type of Harness, Leash and Collar: _____ Provided by: _____

Additional Medical History and/or Instructions: _____

Client Name (*please print*) _____

Client Signature _____

VETERINARY INFORMATION

Business Name: _____ Vet. Name: _____

Phone: _____ Vet. Name: _____

Address: _____

Medical Care Policy: The Client authorizes emergency medical care to be provided by the above-named veterinarian, or an appropriate alternate to be determined by all owners, employees, subcontractors or agents of the Company in the event that the Client's regular veterinarian is not available, or that closer care is required for the Client's dog(s) /pet(s) care. The Client will reimburse the Company for any and all charges related to any and all medical care if any charges are incurred.

Client Name

Witness Name

Client Signature

Witness Signature

Date

Date

SERVICE & RATES

DOG WALKING

Start Date: dd : _____ /mm: _____ /yr: _____ Rate: _____

Group Walks: ☐ **OR** Private Walks: ☐ Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri ☐

Morning: _____ Afternoon: _____ Number of Dogs: _____

Additional Notes: _____

HOUSE VISITS

Start Date: _____ Rate: _____

Time of Visit(s): _____ Length of Visit : _____

Additional Notes: _____
(mail collection, garbage/recycling, plants etc..)

PET VISITS

Date: _____ Rate: _____

Time of Visit(s): _____ Length of Visit : _____

Pet Name 1: _____

Pet Name 2: _____

Pet Name 3: _____

Additional Notes: _____
(mail collection, garbage/recycling, plants, feeding, walking etc.)

PET TAXI

Date: dd: _____ /mm: _____ /yr: _____ Pet Name 1: _____ Appt Time : _____

Date: dd: _____ /mm: _____ /yr: _____ Pet Name 2: _____ Appt Time : _____

Date: dd: _____ /mm: _____ /yr: _____ Pet Name 3: _____ Appt Time : _____

Rate: _____

Pick-Up Address : _____

Destination Address: _____

Purpose of Appointment: _____

Additional Notes: _____

Terms & Conditions

- Pets/dogs must have a veterinarian and be up to date with all required vaccinations including the rabies vaccination.
- Dogs must have a valid city of Toronto dog license and a rabies tag attached to their collar during all walks.
- All dogs must be under a regular flea control program.
- Aggressive and untrained dogs will not be accepted or walked. For group walks, dogs must be socialized and used to being walked on a leash with other dogs.
- Client is responsible for making arrangements for snow removal on driveways and walkways for safety.

Payment Arrangements: Payment for services will be required at the time service is rendered. For regular weekly services, arrangement for weekly or bi-weekly payment will be accepted. Cash, cheque or internet e-transfer will be accepted as forms of payment. A \$30 fee will be charged for returned cheques.

Cancellation Policy: 24 hrs notice will be required for cancellations or the Client will be billed for the scheduled walk. Kindly phone or text 416-829-1156 to cancel. Please do not email the Company for cancellations within less than 24 hrs. Notwithstanding emergencies, or sudden illness, full payment for the booked service will be required if cancellation occurs within less than 24 hrs. Payment will also be required if we arrive at your home and the house key and/or alarm code is not operational, or, your dog(s)/pet(s) are not there.

Business Hours, Weekends and Holidays: Business and scheduled pet visiting hours are between 8am and 5 pm, Monday to Friday. Time specific calls/visits will not be guaranteed. Group walks will occur between 10:30 am and 3:30 pm Monday to Friday. Private walks are offered before 10:00 am or after 4 pm, Monday to Friday. If services are required after 5pm or on weekends and/or on statutory holidays, an additional fee will be charged as follows:

- *After 5 pm, Monday to Friday, add \$5 to service rate.*
- *Weekends: add \$5 to service rate. If after 5 pm on weekends, an additional service charge may apply.*

Any service required on a statutory holiday will be charged at 1.5 x the regular rate. The following statutory holidays will be observed:

-
- *New Year's Day*
- *Family Day*
- *Good Friday*
- *Easter Monday*
- *Victoria Day*
- *Canada Day*
- *Civic Holiday*
- *Labour Day*
- *Thanksgiving*
- *Christmas Day*
- *Boxing Day*

Note: the week between Christmas Day and New Year's Day will also be charged at 1.5 x the regular rate for any service.

Waiver and Policies: All owners, employees, subcontractors or agents of the Company agree to provide services in a reliable and trustworthy manner. In consideration of these services, the Client expressly waives any and all claims against the Company, or its owners, employees, subcontractors or agents for any unintentional errors, omissions or incorrect assertions.

Furthermore, the Client will remain responsible for the actions of their dog(s) and/or pet(s) at all times and the Client agrees to indemnify and hold harmless all owners, employees, subcontractors or agents of the Company of any and all claims of injury, expense, costs, or damages caused by the actions of their dog(s)/pet(s) while under the care of the Company. The Client understands that he/she is solely liable for all costs (including, but not limited to medical care, attorney fees) if their dog(s)/pet(s) should bite or injure another animal. The Client has disclosed to the Company all known risks, dangers and medical conditions associated with their dog(s)/pet(s). The Client authorizes all owners, employees, subcontractors and agents of the Company to take any necessary actions to ensure the well-being, safety and health of the Client's dog(s)/pet(s) and to take reasonable action to resolve any medical problems that may arise while the Client's dog(s)/pet(s) are in their care.

The Client agrees to assume all financial responsibility for any and all expenses incurred as a result of their dog(s)/pet(s) actions. The Client understands that all owners, employees, subcontractors and agents of the Company are expected to make a reasonable attempt to contact the Client before incurring such expenses, that they may need to incur such expenses if they cannot reach the Client, and that an emergency situation could arise where it would not be feasible for the Company to contact the client before the expense is incurred. In the event that the Client cannot be contacted, the Client authorizes all owners, employees, subcontractors and agents of the Company to use their best judgment and to be available at an hourly rate of \$30 to oversee the circumstances.

All owners, employees, subcontractors, or agents of the Company will act with all due respect and caution in the Client's home and the Client hereby agrees to indemnify and hold harmless all owners, employees, subcontractors and agents of the Company to any and all claims or damages to the Client's home including any injury, disappearance or death of the Client's dog(s)/pet(s).

Neither this agreement nor any of the rights, interests or obligations hereunder shall be assigned by either party without the prior written consent of the other party.

If any provision of this agreement is held illegal or unenforceable in a judicial proceeding, such provision shall be severed and shall be inoperative, and the remainder of this agreement shall remain operative and binding on the parties.

This agreement supersedes all prior agreements between the parties with respect to its subject matter and constitutes a complete and exclusive statement of the terms of the agreement between the parties with respect to its subject matter.

This agreement shall be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws of Canada.

Client Name

Witness Name

Client Signature

Witness Signature

Date: dd : ____ /mm: ____ /yr: ____

Date: dd : ____ /mm: ____ /yr: ____