

DBAR DOGS (& PETS)

HOME REFRESHER AGREEMENT

Client Name: _____ Today's Date: _____

Service Address: _____

Dates of Service: _____ Total # of days: _____

Cell phone #1: () _____ Cell phone #2: () _____

OK to send text photos to Cell #1 Ok to send text photos to Cell #2

Pet Name: _____ Breed: _____ Age: _____

Weight: _____ Legal Owners: _____

Feeding Instructions: _____

Circle: Shy Calm Friendly Skittish May Bite Barks
Generic Food
Chews Treats Walks Play Wet or Dry Food

Past Medical: _____

Current _____

Medical: _____

Comments: _____

DBar Pets will be responsible for visiting client's listed address property to:

1. Clean & refill water and food bowls once a day between 1pm-6pm
2. Remove solid pet waste from yard/bin/litter and into designated trash bins or from property if agreed with DBar Pets representative
3. Interact with pet for 30 minutes
4. Secure all doors/gates upon departure

In the event client cannot return, pickup, retrieve Pet, an authorized person may assume responsibility of pet.

Authorized Emergency Person(s) : _____

City: _____ Phone: () _____

Relationship: _____

Client Initial _____ I authorize Emergency Person to pay for all emergency treatment for my pet.

All areas must be read and initialed:

Client Initial _____ What is your liability coverage? Since this is a side business helping our neighbors and their pets we refrain from lawsuits and inviting problems. When DBar Dogs determines it is liable, liability will be for the maximum \$200. Liability results from the only the following: if pet leaves client's property due to an open gate/door/window in which DBar Dogs was responsible for closing or securing during the 1-hour visit, if pet was feed any foreign object/food/bone/treat not provided by client. DBar Dogs is not responsible for maintaining client's property or insuring environment is suitable and safe for client's pets/persons.

Client Initial: _____ I have maintained my property for my pet(s) to the best of my ability. I have provided adequate shelter from harsh weather and enough food/supplies for my pets for the duration of Dbar Dogs service dates.

Client Initial: _____ I authorize DBar Dogs to remove/place my pet in case of emergencies that may harm my pet: fire, smoke from fire, harsh weather (extreme temperature/conditions/winds), lack of food & water.

Client Initial: _____ In the case of emergency not related to liabilities stated above, I authorize Dbar Dogs to seek medical treatment for my pet and will repay for any cost of treatment up to a maximum of \$200. I do not hold Dbar Dogs liable for not seeking treatment costing more than \$200.

DBAR DOGS ONLY:	Cash	PayPal	Check#	Amount	
-----------------	------	--------	--------	--------	--