

# Alternative Pet Services

Professional In-Home Pet Care

Insured-Bonded-Certified

## Client & Household Information

Alternative Pet Services  
3630 Davis Road, Indianapolis, IN 46239  
(317) 862-9233 or (317) 213-6071

Name:	Street:	City:	Zip:
Home #:	Office #:	Cell #:	Pager #:
Referred by:	Email:		
Spouse/Other :	Work #:	Cell #:	
Where staying?	Contact #:		
Where going?	How traveling?		
Date/Time you will leave house:	Date/Time you return to house:		
Do you own or rent your home? • Own • Rent	Landlord's contact #:		
Email/Phone updates? • Yes • No	If yes, email or Phone#:		
EMERGENCY CONTACT(S)		Relationship	Telephone
			Key to home? • Yes • No
			• Yes • No
OTHER PERSONS WHO MIGHT BE ENTERING YOUR HOME OR ON YOUR PROPERTY			
Name	Relationship	Key to home?	Date/ Time of Visit?
		• Yes • No	
		• Yes • No	
NOTE THE FOLLOWING INSTRUCTIONS			
Alarm/Gate Entry Password:	Exit Password:		
Company Name & Phone #:	Code Word:		
Put Trash Out? Yes or No	Your Trash Day is?		
Location of Trash cans/dumpster:	Qty of Cans & Colors:		
Bring in Mail? Yes or No	Location of mail box & key:		
Alternate Blinds? Yes or No	Water Indoor Plants? Yes or No		
Alternate Lights? Yes or No	Water Outdoor Plants? Yes or No		
Turn on/off TV/Radio? Yes or No			
PLEASE LIST THE LOCATION OF THE FOLLOWING			
Leashes	Toys	Carrier(s)	
Food	Treats	Meds/Vitamins	
Litter Box	Litter supplies	Brushes	
Broom/vacuum	Can Opener (if applicable)	Doggie Towels	
Scooper/Poop Bags	Cleaning Supplies		
Water shut off valve	Breaker Box	Fire extinguisher(s)	
Sprinkler valves			
Do you have specific Ant control spray?	Yes or No		

CLIENT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Pet Information Disclosure

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Please complete one Pet Information Disclosure form per pet or litter.

<b>Owner:</b>		<b>Pet Name:</b>	
Length of Time Owned:		Pet Type:	
Breed:		Sex: M / F    De-clawed: Y / N    Spayed/Neutered: Y / N	
Physical Description (if similar to another):		Birth Date:	Or Age:
		Weight:	Or Size:
<b>Feeding Instructions:</b>			
<input type="checkbox"/> Feed separately or supervise		<input type="checkbox"/> Dispose of uneaten food	<input type="checkbox"/> Remove food after _____ minutes
<input type="checkbox"/> <b>Dry</b>	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Wet</b>	Brand: Measure with: Amount: Where to feed:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Medication (s):</b>	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Vitamins (s):</b>	Amt: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Water:</b>	<i>Water bowl will be cleaned and filled frequently</i>	<input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> Filtered	Dish Location:  Water Location:
<input type="checkbox"/> <b>Treat (s):</b>	Name: Amt: Location:	<b>Notes:</b>	

### Pet's Living Area:

<input type="checkbox"/> NOT allowed outdoors at all <input type="checkbox"/> ONLY allowed outdoors on leash  <input type="checkbox"/> Turn out, invisible fenced yard with collar <input type="checkbox"/> Turn out, secure fence:  <input type="checkbox"/> Turn out, no fence, but doesn't leave yard <input type="checkbox"/> NOT allowed indoors	<input type="checkbox"/> Allowed on furniture, counters, beds <input type="checkbox"/> Restrict pet area/crate when pet is alone <input type="checkbox"/> Restrict pet area/crate at all times  Restricted Area/Crate Location:  Other off-limit areas:
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Page 2		Owner:			Pet Name:	
<b>Emergency Care:</b>				Micro-chipped? Y/N Collar color: Leash color:		
Vet Name:				Pet Allergies:		
Clinic Name:				Vaccinations up to date on (month/yr):		
Phone:				Heartworm test: Negative / Positive		
<b>Pet Medical History:</b> (ongoing or reoccurring known illnesses/injuries, treatments & medications)						
<b>Temperament/Personality:</b>						
Pet Doesn't Like:						
<input type="checkbox"/> Baths		<input type="checkbox"/> Hot Days		<input type="checkbox"/> Sharing Food Dishes		
<input type="checkbox"/> Toenail Clip		<input type="checkbox"/> Rain—Snow—Cold		<input type="checkbox"/> Loud Noise—Vacuum—Thunder		
<input type="checkbox"/> Massage		<input type="checkbox"/> New Animals		<input type="checkbox"/> All Humans		
<input type="checkbox"/> Touch Ears		<input type="checkbox"/> Other family pets		<input type="checkbox"/> Strangers		
<input type="checkbox"/> Sprays		<input type="checkbox"/> People near food dish				
Has Pet Ever:		Describe (even if mild, or under extreme/unusual situations)				
<input type="checkbox"/> Attacked someone/bit someone						
<input type="checkbox"/> Attacked another animal						
<input type="checkbox"/> Injured self /escaped out of fear						
<input type="checkbox"/> Injured self out of boredom						
<input type="checkbox"/> Escaped from home						
Where does he/she like to escape to?						
How can he/she be retrieved?						
<b>Commands:</b>		<b>(Please circle commands we know, and underline commands we are working on):</b>				
Sit	No	Outside	Make Poo	In the House	Bad	Bath
Stay	Down	Walk	Food	Who's Here	Good	Move
Come	Lay	Ride	Treat	Back	Drop [it]	Come-on
Heel	Out	Potty	Cookie	Naughty	Don't Touch	Off
Allowed to go for rides in pet sitter vehicle? Y / N			May play with sitter's personal pet (s) for socialization Y / N ?			
Favorite Games, Toys, and Activities:						
Comments and Special Restrictions:						

CLIENT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Veterinarian Notification & Release Agreement

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(317) 862-9233 or (317) 213-6071

In the event that any of my pets or large animals appears to ill, injured, or at significant risk of experiencing a medical problem at the start of service or while in the care of **Alternative Pet Services**, I give my express permission to **Alternative Pet Services** to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on each individual Pet Information Disclosure. Other veterinarians or emergency care clinics chosen by the pet sitter are acceptable.

I ask **Alternative Pet Services** to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit per pet (most common values are \$200, \$500, \$1000, or unlimited).

Pet #1 _____	Description _____	\$ Limit _____
Pet #2 _____	Description _____	\$ Limit _____
Pet #3 _____	Description _____	\$ Limit _____
Pet #4 _____	Description _____	\$ Limit _____

I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that **Alternative Pet Services'** care providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow **Alternative Pet Services'** care providers to use their best judgment in handling these situations, and I understand that **Alternative Pet Services** and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet (s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding.

**I understand that veterinarian treatment must be paid for at the time it is rendered. If an attempt to reach me by telephone is unsuccessful or impractical, charge the amount to the following credit cards:**

Credit Card # _____	Name on Card _____	Exp. Date _____	CSV _____
Credit Card # _____	Name on Card _____	Exp. Date _____	CSV _____

**If for any reason the above credit cards are unavailable, not accepted, or declined, and if APS must pay for veterinary care as a result thereof, then I will immediately reimburse APS the entire amount of the treatment, plus a handling charge of 35% of the total (not less than \$50.00) .**

**CLIENT Signature:** \_\_\_\_\_

I also agree to be responsible for all Special Service Fees assessed by **Alternative Pet Services** for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within five (5) days of each incident.

I further authorize **Alternative Pet Services** and my primary veterinarian (s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal (s).

Every dog, cat, and horse at the site of service will be current (per my veterinarians recommendations) on its rabies vaccinations prior to the arrival of any caregiver. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout each service visit period.

I agree to notify **Alternative Pet Services** of any signs of injury or possible illness before any visit as soon as the condition appears. **Alternative Pet Services** reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. **Alternative Pet Services** strives to provide clean, safe service to each of our CLIENTS. In doing so, **Alternative Pet Services** strongly recommends that each pet and large animal be vaccinated, wormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time **Alternative Pet Services** cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within **Alternative Pet Services** care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the animals that will be scheduled to receive service.

CLIENT Name: \_\_\_\_\_

CLIENT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Service Contract

Alternative Pet Services  
3630 Davis Road, Indianapolis, IN 46239  
(317) 862-9233 or (317) 213-6071

This contract is made between *Alternative Pet Services* (to be referred to as *APS*) of Indianapolis, Indiana, owned by Duane & Jennifer Greene and an individual (to be referred to as *CLIENT*) \_\_\_\_\_, residing at: Address \_\_\_\_\_, Home Phone \_\_\_\_\_.

### PET CARE

1. I (*CLIENT*) authorize *APS* to perform pet care services as outlined in the "CLIENT Packet" which is part of this contract.
2. If the pet (s) become ill while under the care of *APS*, I authorize the sitter designated by *APS* to care for my pet (s), and to transport my pet (s) to a veterinarian, if this is needed, in The Pet Sitter's best judgment. I authorize *APS* to approve any emergency treatment recommended by the veterinarian and I agree to pay promptly for charges incurred. I release *APS* from all liabilities related to transportation, treatment, and expense.
3. In the event of severe weather I authorize the Pet Sitter assigned by *APS* to use their best judgment caring for my pet (s) and home.

### PAYMENT

1. Pet care services will be provided at the rate of \_\_\_\_\_. (Rates for subsequent Services are subject to change.)
2. If *CLIENT* returns before scheduled visits are complete, or (for any reason) no longer requires the Services of *APS*, and fails to adequately notify *APS* of such, any visit or trip resulting from failure to notify shall be compensated at twice the above rate. *APS* cannot guarantee additional service times if *CLIENT* notifies *APS* that additional visits to pet (s) are needed after scheduling has been agreed upon. If *CLIENT* fails to notify *APS* of needed additional visits and *APS* must continue visits beyond the originally agreed upon dates and times, compensation will be **at the emergency service rate of \$30 plus applicable mileage**, unless adequate time slots are available, whereas the above rate applies.
3. I agree to reimburse *APS* for any additional fees resulting from emergency or veterinarian care as well as expenses incurred for any unexpected home, food, or special needs.
4. Payment for first time services is due when services are contracted
5. There will be a 50% advance deposit due at time of future reservations.
6. A late fee of \$10.00 or 5% of the balance owed (whichever is greater) may be applied to invoices over 15 days old,.
7. If there is an unpaid balance of over fifteen (15) days, *APS* will not be able to care for my pets until the balance is paid.
8. If the balance remains unpaid beyond thirty (30) days period, I understand that a finance charge of 2 % per month (24% per annum) will be added to the unpaid balance. There will be a \$35.00 handling charge for any checks returned for any reason.
9. *CLIENT* (s) with a history of late payment will be required to pay in advance before services are rendered.

### LIABILITY

1. *CLIENT* expressly waives and relinquishes any and all claims against *APS*, its employees and Associates, except those arising from negligence on the part of *APS*.
2. It is expressly understood and agreed that *APS* shall not be held responsible for any damage to *CLIENT'S* property, or that of others, caused by *CLIENT'S* pet (s) during the period in which they are in its care.
3. I have advised *APS* of other situations that will relieve it of liability for damage.
4. If a dog has a history of biting, *APS* reserves the right to refuse service.
5. Bites must be reported to the local authorities as provided by law.
6. The *CLIENT* will be liable for the sitter's medical care expenses and damages that result from an animal bite.

### FURTHER SERVICES

I authorize this contract to be valid approval for future services, so as to permit *APS* to accept my telephone and email reservations and enter my premises without additional signed contracts or written authorizations, and that my key will be held on file by *APS* for such further service. Upon written request my key may be returned, by mail, for a \$5 fee. For Security purposes, keys will not be left in the home.

*CLIENT* Signature \_\_\_\_\_ DATE \_\_\_\_\_

# Alternative Pet Services

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## Policies and Procedures

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**Key Policy:** APS safe guards CLIENT'S key (s) by tagging and coding the key (s) in a manner that offers reasonable protection to the CLIENT in the event of loss or theft of key (s). Following a Service Period, APS securely retains CLIENT'S key (s), at no additional charge, for safe keeping until:

- CLIENT wishes to engage APS for additional Service Periods or
- CLIENT contacts APS to arrange repossession of the key (s).

APS will only return key (s) by personally delivering them to the CLIENT or CLIENT'S representative, for which an additional charge will apply.

**Visitors:** APS will not allow anyone into CLIENT'S home under any circumstances without prior notification to APS from CLIENT and the visitor is able to produce valid identification. Notable exceptions are emergency personnel. If any neighbor, friend, family member, contractor, or any other representative of CLIENT'S enters the CLIENT'S home or property during a Service Period, APS is not responsible for damage or loss to CLIENT'S property, including the CLIENT'S pet (s).

**Notifications:** CLIENT is required to notify APS of the following:

- all persons who have access to CLIENT'S residence and who may be entering the residence during a Service Period
- any changes in travel plans as soon as they become known to CLIENT
- any delay in CLIENT'S return
- CLIENT'S return home – whether early, on time, or late - to check in and formally end a Service Period.

For the welfare of CLIENT'S pet (s), and in the case of international travel, cruise ship travel, or an emergency situation in which a telephone call to APS is not possible we will continue to make,

and charge for visits, until CLIENT has notified APS that they are home and able to care for their pet (s). For extreme extended delays CLIENT authorizes APS to make alternative arrangements for the care of their pet (s) by contacting CLIENT'S Emergency Contacts. APS will continue to care for CLIENT'S pet (s) until said alternative arrangements are arranged.

**Leashes, Collars and Carriers:** It is CLIENT'S responsibility to supply leashes, collars and carriers that function properly, fit properly and are safe for their pet (s). If it becomes apparent that taking CLIENT'S pet (s) for walks is unsafe (due to reasons such as poor fitting collars and broken leashes), APS will not continue to walk the CLIENT'S pet (s).

**Adequate Food & Supplies:** It is CLIENT'S responsibility to ensure an adequate amount of food and/or supplies are available, obtainable, in good condition, and in a location that APS can easily locate in the home prior to commencement of a Service Period and for the duration of a Service Period. CLIENT will be required to reimburse any costs (such as cat litter or pet food) incurred by APS during the course of fulfilling a Service Period, a handling fee will be charged for said supply runs.

**Job Sharing:** APS will not "job share" with CLIENT'S friends, relatives or neighbors. This is for insurance purposes, and simply avoids confusion.

**Standard of Cleanliness:** APS maintains a very high standard of cleanliness. We will wash food and water bowls on every visit, we will clean up after all food preparations, the floors in pet areas will be kept free of loose food, litter and excessive pet hair, we will sanitize our hands between CLIENT'S homes, we will "poop scoop" on every visit and clean up any "accidents".

**Infestations:** APS will not accept jobs in homes with severe flea infestations. APS can recommend and supply excellent flea control remedies.

**Pet Aggression:** APS does not provide service for aggressive animals. If CLIENT withholds or misrepresents an animal's history of aggression, CLIENT may be held liable for said misrepresentation and for placing APS at substantial risk. CLIENT is required to inform APS of ANY occurrences where their pet (s) exhibit ANY signs or acts of aggression prior to any Service Period.

**Animals with Access to Outdoors:** It is CLIENT'S responsibility to ensure that the confinement area for their pet (s) is safe, secure, and free of holes, gaps, and deteriorated fence material prior to the start of a Service Period. APS will make every reasonable effort to maintain that level of safety and security. APS is not responsible for injury or disappearance, or death of CLIENT'S pet (s) with said access.

**Free Roaming Pets:** APS will not be held responsible for the health and safety of free roaming pets (i.e. cats). If you have an outdoor animal that does not appear by the nightly feeding, we will put fresh food and water outside to assure it eats properly. We will not wait for the pet to come home.

**Plant Care:** If CLIENT requests plant care, APS is not responsible for plants that die or become damaged during a Service Period. APS will make every reasonable effort to maintain the health of CLIENT'S plants by following the plant care procedures as specifically outlined by CLIENT in the CLIENT Profile Form and cannot guarantee the health of a CLIENT'S plant.

**Property Damage:** APS'S insurance policy may cover damage to CLIENT'S property that APS causes by accident or neglect. APS is not responsible for ANY damage to CLIENT'S property caused by CLIENT'S pet (s) during a Service Period.

**Last Minute Booking:** APS will assist in an emergency situation. We respond 24 hours a day 7 days a week.

**Urgent Animal and Home Care Authorizations:** In the event of an emergency, or urgent situation, during a Service Period where the CLIENT'S pet (s) health and safety may be at risk, and APS has made every reasonable effort to contact CLIENT and CLIENT'S Emergency Contact (s), or if the risk is too great to allow time for said contact, CLIENT authorizes APS to seek medical aid and/or safe conditions to whatever means APS determines to be in the best interest of CLIENT'S pet (s). If damage is caused to CLIENT'S home due to said urgent situation, and contact cannot be made with CLIENT and CLIENT'S Emergency Contact (s), CLIENT authorizes APS to take appropriate steps to return the property to a safe, secure and stable condition at CLIENT'S expense.

**Sick Pets:** APS does not care for sick pets that require 24 hour assistance. This does not mean pets that are aged or needing medications.

**Fees:** APS reserves the right to make changes to rates, fees, and policies without notice. Regular CLIENT'S, however, are notified in advance of such changes.

**Guarantees:** APS guarantees superior service to all good faith CLIENT'S. If you are not satisfied with our service due to poor performance, notification must be given immediately so that the situation may be rectified, and you are still unhappy with services, your next service period is free.

**Personal Injury:** CLIENT assumes responsibility for all injuries and disabilities sustained by APS caused by CLIENT'S pets and/or home, including but not limited to bites, scratches, mauls, trip hazards, and obstructions.

**Inclement Weather:** APS reserves the right to limit outdoor time during cases of inclement weather. Outside time is completely at APS's discretion.

**ID Tags:** APS requires that all pets, indoor or out, wear pet ID tags, especially cats. APS will not be held responsible for the disappearance of indoor cats without ID tags.

**Death of a Pet (s):** CLIENT acknowledges that there is always the possibility of death of a CLIENT'S pet (s) during a Service Period. In the event of the death of a CLIENT'S pet (s), CLIENT authorizes APS to transport their pet (s) to any available veterinary office/hospital for autopsy and cremation at CLIENT'S expense, unless CLIENT specifies otherwise in writing.

**Discretionary License:** APS reserves the right to cease a Service Period prior to its schedule ending date and/or secure one or more pets in any manner necessary, including but not limited to crating, tethering, confining, off-site boarding, at CLIENT'S expense, if it is unsafe to enter CLIENT'S property and/or approach CLIENT'S pets, or if damage or injuries occur during a Service Period, or if APS discovers CLIENT'S misstatements or omissions of fact that are significant.

**Security Systems:** If CLIENT'S home is equipped with a security system, it is CLIENT'S responsibility to provide proper training and passwords for APS to properly operate the security system. If during a Service Period the security system generates a false alarm that dispatches emergency personnel, or if the system fails to generate an alarm under legitimate circumstances, APS is not liable for any charges, fines, or other damages resulting from the malfunction or false alarms.

**Cancellation Policy:** A 48 Hour notice is required for all cancellations. Otherwise, a scheduled visit fee is charged. A one-week notice is required for cancellations during the holiday seasons.

APS considers Thanksgiving, Christmas, New Years, Easter, Memorial Day, July 4th, Labor Day as our "holiday period". A one week cancellation notice is required for all cancellations during a holiday period.

**Legal Proceedings:** In the event a dispute shall arise between the parties to this Service Agreement, it is hereby agreed that the dispute shall be referred to a mutually agreed upon arbitrator for arbitration in accordance with the applicable United States Arbitration and Mediation Rules of Arbitration. The arbitrator's decision shall be final and legally binding and judgment may be entered thereon. Each party shall be responsible for its share of the arbitration fees in accordance with the applicable Rules of Arbitration. In the event a party fails to proceed with arbitration, unsuccessfully challenges the arbitrator's award, or fails to comply with the arbitrator's award, the other party is entitled to costs of suit, including a reasonable attorney's fee for having to compel arbitration or defend or enforce the award.

**Attorneys' Fees:** If legal proceedings are commenced to enforce or obtain a declaration of rights under this agreement, the APS in such proceedings shall be entitled to recover reasonable attorneys' fees and costs incurred as a result of said proceeding.

**Payment and Services:** Unless otherwise mutually agreed upon, payment for first time services is due when services are contracted, and payment for subsequent services will require 50% advance deposit due at time of reservation, balance is due no later than five (5) days following the end of a Service Period. A late fee of \$10.00 or 5% (whichever is greater) may be applied to invoices over 15 days old, and may result in payment being required in advance for future services. I understand that if there is an unpaid balance of over fifteen (15) days for pet care, APS will be unable to care for my pets until the balance is paid in full. If the balance remains unpaid beyond thirty (30) days period, I understand that a finance charge of 2 % per month (24% per annum) will be added to the unpaid balance. Return checks are subject to a \$35.00 handling charge and may result in cash payment being required in advance for future services and/or to settle an existing outstanding balance.

CLIENT INITIALS: \_\_\_\_\_

# Alternative Pet Services

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### Legal Considerations

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For the purposes of this document, the term **CLIENT** is synonymous with the person contracting services for one or more domestic animals. Alternative Pet Services will be referred to as (APS) or Pet Sitter.

1. A signed Service Contract and Veterinarian Notification and Release must be provided to APS before service is provided for any period.
2. There will be a 50% advance deposit due at time of reservation (s).
3. **Reservations are not held** until deposit is received by APS or special arrangements are agreed upon by both parties in writing.
4. There will be a **\$35.00 service charge** for any returned check.
5. Unpaid service may be cancelled without notice, including prior to or during the service period.
6. I understand that if there is an unpaid balance of over fifteen (15) days for pet care, APS will be unable to care for my pets until the balance is paid in full.
7. If the balance remains unpaid beyond thirty (30) days period, I understand that a finance charge of two percent (2 %) per month (24% per annum) will be added to the unpaid balance.
8. **CLIENT** (s) with a history of late payment will be required to pay in advance before services are rendered.
9. Cancellation Charge Schedule effective 7/1/2004 (% applies to entire service period total):
  - (I) **0 - 48 hours** prior to any service, and/or Holidays: Payment in full is charged (no refunds)
  - (II) **2 - 7 days** prior to service: 20% of service total is due (equals an 80% refund)
  - (III) **8 days** prior to service or more: No charge, refund in full.
6. If **CLIENT** returns before scheduled visits are completed, or (for any reason) no longer requires the Services of APS, and fails to adequately notify APS of such, any visit or trip resulting from failure to notify will be compensated at twice the regular rate on the signed service contract. APS cannot guarantee additional service times if **CLIENT** notifies APS that additional visits to pet (s) are needed after scheduling has been agreed upon. If **CLIENT** fails to notify APS of needed additional visits and APS must continue visits beyond the originally agreed upon dates and times, compensation will be at the emergency service rate, unless adequate time slots are available, whereas the regular rate on the signed service contract applies.
7. APS is not responsible for wilted, dead or otherwise unhealthy plants. APS will work hard to follow your written directions as precisely as possible, but cannot be responsible if the results are not favorable. **Please place all indoor plants together on a waterproof surface in plain sight**, as your pet sitter is not responsible for water damaged areas or missed plants.
8. APS is not responsible for damage to the home beyond the control of the Pet Sitter. This includes, but is not limited to leaks, electrical problems, and acts of nature. In these situations, the company will attempt to contact the customer and then the emergency contact before making a subjective decision on dealing with the problem. All repairs and related fees (including Special Service emergency service time and coordination fees) will be paid by the CLIENT, or fully reimbursed to APS within five (5) days.
9. APS is not responsible for any damage to property of the CLIENT or others unless such damage is caused by the negligent act of the Pet Sitter. APS agrees to remain fully insured through Pet Sitters Association or a comparable entity, including optional Special Property Endorsement (protects against theft, breakage, etc as caused by an employee) or bonding. APS accepts no responsibility for security of the premises or loss if other individuals have access to a CLIENT'S home, or if the home is not properly secured.
10. All other individuals that visit the home will leave a log of their visit. An optional form may be provided.
11. APS is not liable for any loss or damage in the event a burglary or other crime that should occur while under this contract. CLIENT agrees to secure home prior to leaving the premises. APS will re-secure the home to the best of its ability at the end of each visit. While keys are in the possession of APS, they will be either on the Pet Sitter's physical person, or be properly stored in an undisclosed location. APS subscribes to insurance coverage through Pet Sitters Association for lost key lock replacements.
12. CLIENT must have legal rights to place the animals in the care of Pet Sitters, Kennels, and Veterinary Clinics. APS cannot service a home with "Visiting" pets or animals that do not belong to the resident of the service site without separate sets of agreement forms, including a Legal Considerations Agreement, accepted and signed by each rightful CLIENT (s).
13. The terms of this document apply to all the pets owned by the CLIENT, including any and all new pets that the customer obtains on or after the date this document was signed, at any and all locations the CLIENT designates for service.
14. CLIENT is responsible for pet-proofing house and yard, and the security fences/gates/latches. APS will not be responsible for the safety of any pets and will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.
15. APS is authorized to seek any emergency veterinarian assistance needed during visits, at the cost of the CLIENT, from any veterinarian as chosen by the sitter. However, the company is not responsible for the health/well being of the animal.
16. CLIENT is responsible for supplying the necessary, safe equipment/supplies needed for care of their pet (s), including but not limited to a sturdy, well-fit harness (halter, collar, etc...) for walks or in case of emergencies, firmly affixed vaccination tags, a lead rope or leash, pooper-scoopers, litter boxes, food, cleaning supplies, medicines, pet food, and cat litter. CLIENT authorizes any purchases necessary for the satisfactory performance of duties. CLIENT agrees to be responsible for the payment of such items, as well as service fees for obtaining items, and will reimburse APS within five (5) days for all purchases made.
17. CLIENT will be responsible for all medical expenses and damages resulting from an injury to a Pet Sitter, or other persons, by the Pet. CLIENT agrees to indemnify, hold harmless, and defend APS, in the event of a claim by any person injured by the Pet.
18. It is suggested that arrangements be made with someone to evacuate your pets in case of a disaster or weather related event/crisis/"Code Red". APS will definitely try to see to your pets safety/care should such events occur, but cannot guarantee it.
19. Future Services: CLIENT authorizes this contract to be valid approval for services, so as to permit APS to accept all future telephone, online, mail or email reservations and enter CLIENT'S home without additional signed contracts or written authorizations.
20. APS reserves the right to terminate this contract if the Pet Sitter, in his/her sole discretion determines that CLIENT'S pet poses a danger to the health or safety of itself, other pets, other people, or the Pet Sitter. If concerns prohibit the Pet Sitter from caring for the pet, the CLIENT authorizes the pet to be placed in a kennel (or previously arranged locale), with all charges (including but not limited to transportation, kenneling, tranquilizing, treating, accessing, and liability) to be the responsibility of the CLIENT.
21. APS agrees to provide services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of the services as an express condition thereof, the CLIENT expressly waives and relinquishes any and all claims against the company (APS) and its employees, except those arising from negligence. Claims of negligence that involve an Independent Contractor, hired by APS, will be the responsibility of the Independent Contractor and the company they represent. Such claims will not be filed against APS. All hired Independent Contractors are required to carry liability insurance with optional coverage or bonding through a reputable company.
22. CLIENT agrees to notify APS of any concerns within 24 hours of return.
23. This agreement is valid from the date signed. CLIENT agrees to any future APS term changes relayed verbally to the CLIENT, mailed or e-mailed in writing to the CLIENT, or posted on www.alternativepetservices.com.
24. The CLIENT states that he/she as read this agreement in its entirety and fully understands and accepts its terms and conditions.

CLIENT Name: \_\_\_\_\_  
CLIENT Signature: \_\_\_\_\_ Date: \_\_\_\_\_