Terms and Conditions Contract

Client Name_____ **Pet(s) Name**_____

FEE PER VISIT_____

A. In the event of inclement weather or natural disaster, we are entrusted to use our best judgment in caring for client pet(s) and home unless instructed by client to do otherwise in writing. If circumstances beyond our control prohibit me from servicing Client, we will not be held responsible for consequences related to such decisions

B. In the unlikely event that any personal property is damaged or otherwise broken during normal play with client pet(s), client will not hold us responsible for any damages

C. Client will incur all expenses associated with any emergency veterinary service while in our care. We are authorized to approve emergency medical treatment as recommended by veterinarian until client can be contacted.

D. All pets must be currently vaccinated. Should anyone be bitten or exposed to any disease or ailment received from client pet(s), it will be the responsibility of client to pay for any damages incurred for treatment.

E. In the event of emergency or illness, client authorizes us to arrange another qualified pet sitter to fulfill responsibilities as set forth in this contract. Client will be notified in such cases.

F. Critter Sitters LTD agrees to provide the services stated in this contract in a **reliable, caring and trustworthy manner.** In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against Critter Sitters LTD except those arising from negligence or willful misconduct on our part.

G. Client is responsible for contacting us to cancel or change reservations no later than 24 hours before visit(s) are scheduled to start.

H. Client will provide all necessary keys or codes to access the dwelling.

I. Client will notify us of any security system connected to clients home and in the event of alarm going off during visit, client authorizes me to answer client's phone to receive call from security company. It is the client's responsibility to notify the alarm company in advance to alert them that we will have access to the home in the event that the alarm is activated during the visit.

J. We will provide a statement or service request upon or prior to first visit. All payments will be in Cash or Check made payable to Critter Sitters LTD. All payments must be received no later than 30 days of statement date unless otherwise approved by Critter Sitters LTD. A late charge of $5.00 **per day** will be incurred if fee not paid by 16 day of statement date.

K. Client takes full responsibility for prompt payment of agreed fees. In the event it is necessary to initiate collection proceedings on the client account, client will be responsible for any and all attorney fees and collection costs.

L. All reservations must be cancelled 24 hours prior to visit. If it a vacation sitting, client will be responsible for a $25.00 cancellation fee. If it is a daily or semi daily sit, client is responsible for the said cancelled day's fee. All fees can be waived at the discretion of Critter Sitters.

M. A 10.00 fee added to weekend (non holiday visits). National Holiday visits will be double-time per visit.

N. A 5.00 fee added for any additional work performed before 8:00 am OR after 4:30pm. Unless part of vacation package.

Commitment to clients:

Critter Sitters LTD will provide the utmost care to both your pet(s) and your home during our visits. We will not disturb your property or use your telephone(except for emergency calls if necessary).

We will ensure that your residence is locked and secured each time we leave and that your key and/ key pad information will be kept in a safe and secure place where only we will have access.

We will provide a "report card" to be filled out for client communications. We will provide notes after each visit.

Client having reviewed this contract ad by signature below, understand the contents and that both parties are bound to all of the terms and conditions of this contract.

Client Name:(Print)_____

Client Signature:_____ **date**_____