REVIEW EVERY PAGE AND COMPLETE IN ITS ENTIRETY, TO THE EXTENT THE SECTION IS APPLICABLE

Client Services Agreement

This Client Services Agreement ("Agreement") establishes the terms and conditions for pet care services between FurFam Pet Care LLC ("FurFam") and the Client. *Client Service Agreement and accompanying Veterinary Release Form must be executed and returned to FurFam before service*. Client requests that FurFam provide pet care services to my pet(s). The parties agree to the following terms:

Pet Care Services

- → FurFam shall provide Services as described at www.FurFamPetCare.com or as otherwise agreed upon by FurFam and Client ("Service(s)").
- → In the event of inclement weather (e.g., extreme heat, cold, and storms), FurFam may use its reasonable judgment in caring for pet(s).
- → Client shall pay FurFam based on the rates listed on www.FurFamPetCare.com or as otherwise negotiated between FurFam and Client. FurFam may change the rates for Service(s) at its discretion and will communicate any changes to Client prior to Service(s).
- → Client shall pay FurFam for Service(s) within 24 hours of Service(s) completion.
- → If Client reserves dates for overnight care service(s), Client shall pay a mandatory up-front **50% deposit** to FurFam. Client shall pay remaining balance within 24 hours of Service(s) completion.
- → All deposits paid to FurFam are non-negotiable and non-refundable but can be used as a credit towards future Services.

Cancellation Policy and Refusal of Service

- → If Client cancels 24hrs or less prior to the start time of Service(s), Client shall be responsible for payment of scheduled Service(s).
- → If Client cancels more than 24hrs prior to the start time of Service(s), Client shall not be responsible for payment of scheduled Service(s).
- → Client's failure to disclose, complete documents pertaining to pet(s) information or provide adequate equipment that could lead to unsafe situations for FurFam, its Owner or their property(ies) may result in cancellation of services.
- → Client shall be held liable for any damages resulting from their pet's conduct resulting from Client's failure to disclose or provide said tools.

Obligations

- → Client shall be solely responsible for any and all acts of behavior, including aggression, that takes place during care.
- → Client shall be liable for all medical expenses and other bodily or property damages resulting from their pet's conduct.
- → FurFam shall carry a reasonable liability insurance relative to the Service(s).
- → FurFam shall safekeep confidential keys, remote control entry devices, access codes and personal information of Client's.
- → Client shall notify FurFam of any concerns related to pet care, if any, within 24 hours of service end time.

Waiver of Liability

- → I release from all liability for any breach of security or damages to my property if any other person has access to the property.
- → I release FurFam from all liability related to transporting pet(s) and any related medical expenses for pet(s).
- → I release FurFam from all liability related to any and all acts of behavior, including aggression, that take place during care. I shall be liable for all medical expenses and other property or bodily damages resulting from their pet's conduct.

This Agreement including attachments constitutes the entire agreement between the parties. Any alteration to this agreement must be in writing and signed by both parties. This Agreement is effective the date signed and replaces any prior agreements.

I have reviewed this Agreement and understand the contents of this form.

\square Yes \square No Consent to use of pet(s) likeness on FurFam website, social media, or other promotional materials		
Signed:	Date:	_
Phone:	Email:	
Address:	Emergency Contact:	

Veterinary Care Release Form

In the event of an emergency, FurFam will first contact Client and/or any emergency contact(s) Client provides information for. In the event Client cannot be reached, this Veterinary Care Release Form ("Release") will allow FurFam to seek professional veterinary care for Client's pet. I					
Pet Information					
Name:	Breed:	Color:	Birth-date/age:		
Name:	Breed:	Color:	Birth-date/age:		
Name:	Breed:	Color:	Birth-date/age:		
Name:	Breed:	Color:	Birth date/age:		
Name:	Breed:	Color:	Birth-date/age:		
Name:	Breed:	Color:	Birth date/age:		
	Primary Vete	erinary Information			
Primary vet clinic: Vet's name: Address: Phone number: Emergency Clinic: Vet's name: Clinic address: Phone number: I shall be wholly response	asible for the payment of	any veterinary services	provided.		
Signed:		Date:			



Email: Mel@FurFamPetCare.com
Web: www.FurFamPetCare.com
Location: Welcome Park, Crystal, MN

Phone: (763) 807-7955

PET CARE INFORMATION FORM

Emergency Backup Contact(s)	
Vet Information (include phone)	
	Schedule
	Concadio
 ✓ Day & Time Leaving ✓ Day & Time Returning ✓ Overnights Planned ✓ Max time pets can be alone 	
Home Access In	formation – SITTING ONLY
 ✓ Home access code(s), key location(s), parking location (include backup information in case of lockout). ✓ WiFi name and password. ✓ Petsitter guests welcome? 	
Conord Home Iv	formation SITTING ONLY
General nome in	formation – SITTING ONLY
 ✓ Work and sleep locations ✓ Heat/Air Information ✓ Garbage and Recycling locations and when/where to put outside ✓ Lights – include any that are left on normally ✓ Mail and Other delivery instructions ✓ Plants or other need ✓ Coffee machine/filters ✓ Cleaning supply information (pet messes) ✓ Ice and water for petsitter ✓ Washer/Dryer and Bedding/Towel preferences 	

Emergency Items – Include Locations in Home – SITTING ONLY					
 ✓ Extra Batteries ✓ Flashlight(s) ✓ Water Shutoff ✓ Electric Box ✓ Plunger(s) ✓ First Aid Kit or similar 					
Pet Identification (include ALL animals) – ALL PETS					
✓ Pet Name(s), Species, Breed(s), and Age(s)✓ Micro-chipped?					
Food, Water and Medications – ALL PETS					
 ✓ Describe what they eat, when, and where I can find food. Add any details, such as feeding separate or adding medications or supplements. ✓ Favorite treats and location, frequency. ✓ Food or other sensitives and allergies. 					
Activities – ALL PETS					
 ✓ Dog leash, collar, harness, jacket, location. ✓ Interests, such as tricks, hiking and any activity concerns, such as short walks only or triggers (cars, squirrels, etc.) 					

Pet Favorites – ALL PETS ✓ Tovs ✓ Places/spaces – include hiding spots and ways to help comfort them to come out ✓ Treats (help them feel comfortable) ✓ Routines – e.g. brushing in the mornings **Hygiene/Pet Waste – ALL PETS** ✓ Location to put waste and any quirks for your pet to use litter box, if applicable. ✓ Brushing frequency and location. ✓ Indicators dog needs to go outside for potty. ✓ Doggy poo bag location. ✓ Include specifics to help make sure dog goes while out (e.g. needs a walk or is ok to go in yard) **Behaviors - ALL PETS** ✓ Sensitivities to noise or weather, such as getting wet feet, thunderstorms or fireworks. ✓ Triggers/reactivity on walks (squirrels,) dogs, people, etc.) ✓ Include any quirks to watch for or be aware of ahead of time or any verbal cues that pet knows. ✓ Hiding places/favorite places and toys. ✓ Resource Guarding issues around food, toys, places? ✓ Friendly with other Dogs? Humans? Children? ✓ Is your pet a flight risk? Please ensure you provide appropriate accessories for the well-being of your pet, including harnesses, etc. ✓ Is your pet crate trained? **Special Instructions – ALL PETS**

REQUIRED CHECKLIST – DAYCARE AND BOARDING (initial each)

Allowing your pet into our home for care is a responsibility FurFam takes very seriously. We expect the same level of care from you, as our Client. FurFam may decide it is or is not a good fit for our household; our best discretion will be used in determining whether our daycare or boarding services are a good fit for your pet and for our home. ___ Meet and Greet completed Tour of Home ____ Crate Option Discussed Tools Provided (e.g. harness, leash, collar, other specific tools) Reactivity and Triggers Discussed Flight Risk Behaviors Discussed _____ Sleeping Habits at Night Discussed ____ Property Destruction Discussed ____ Bite History Discussed, if any Chews Provided by Client _____ Food Provided by Client and Eating Behaviors Discussed Familiar Scented Object (shirt or blanket from home) Provided by Client ____ Dropoff and Pickup Timing Discussed 50% Down Payment for Overnight Services

____ Emergency Contact Provided

Vaccination Records Provided (rabies, distemper, Bordetella)