

Strutt Your Mutt, Inez Hagen

DOG EXERCISING SERVICE CONTRACT

THIS AGREEMENT is made by and between L. INEZ HAGEN, *STRUTT YOUR MUTT*,
whose mailing address is
60958 Targee Dr
Bend, OR 97702

and,

_____ referred to as "client."

Inez Hagen hereby agrees to provide dog exercising services for the client
in accordance with the following terms:

- Inez Hagen will provide professional dog exercising services for the client as set forth in Appendix A attached hereto.
- Client agrees to pay Inez Hagen for such dog exercising services the sum of \$_____ per day/walk/hike (rates determined by type of exercise), payable in full upon completion of services daily or weekly.
- Client agrees that Inez Hagen, her employees and agents, if any, shall not be responsible for any injury, illness or death of any of the client's dog(s) or damage to client's property unless caused by the intentional act or gross negligence of Inez Hagen, her employees or agents. Client represents to Inez Hagen that no dog(s) to be cared for have any history of vicious or violent behavior.
- In the event that any dog(s) cared for shall become ill, client authorizes and requests Inez Hagen to transport the dog(s) to the client's veterinarian, if available, and if not; then to another veterinarian. Client will be notified of the circumstances and billing as soon as possible. Client agrees to pay and to be responsible for all charges and fees incurred for the dog's care and treatment.

IN WITNESS WHEREOF, the parties have signed this Agreement this _____ day of

_____.

Client: _____

Address: _____

Inez Hagen, STRUTT YOUR MUTT

Strutt Your Mutt, Inez Hagen

**APPENDIX A.
TO
DOG EXERCISING SERVICES CONTRACT**

A. CLIENT INFORMATION

Name: _____ Home phone number: _____

Address: _____ Cell phone numbers: _____

Referred by: _____

Email address: _____

House key/code: _____

Local emergency contact # _____

Additional emergency contact # _____

B. SPECIFIC DOG CARE INFORMATION

Name and breed of dog(s): _____ AGE SEX SPAYED/NEUTERED

TYPE OF EXERCISE:

30 MIN WALK 1-HR BACKCOUNTRY HIKE ALL DAY CARE MOSEY TRAIL

EXERCISE PER WEEK: _____ **DAYS:** _____

Do you use basic key words to direct your dog (STAY, COME, LOAD UP)? _____

"Quirky" habits: _____

FEARS (thunder, lightening, fireworks, gun shots), if any: _____

Suggestions to soothe and comfort: _____

BEHAVORAL CHALLENGES: _____

Food allergies in regard to treats: _____

Dog collar has updated vaccination tags + ID tags with #'S _____

Is your dog micro-chipped? _____

Water bowl location: _____

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APPENDIX A, (continued)

C. VETERINARY CARE

Doctor: _____ Telephone Number: _____
Address: _____
Shots Current? _____ Last office visit? _____ Reason: _____
General Health: _____

*Please provide current vaccination records and attach with paper work.

Have you and your vet discussed what you will do in the event of your dog's death? _____ If not, please note your wishes here: _____

Are instructions for your dog's care in your will? _____ If not, please note them here: _____

CLIENT ITINERARY

Dog exercising services to begin: ____/____/____ at approximately ____:____ am/pm

Dog exercising services to end: ____/____/____ at approximately ____:____ am/pm

SPECIAL COMMENTS OR REQUESTS:

*****Reminder: Plane delays or weather conditions may change your itinerary return date or time.
Please, always check in by voice mail or text messaging that you have arrived home safe and sound.
Thank you, INEZ

Client's signature: _____ Date: _____