

Strutt Your Mutt, Inez Hagen

**OVERNIGHT CARE AT THE STRUTT YOUR MUTT
ABODE
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 over night dog care services at her home for the client
in accordance with the following terms:

- Inez Hagen will provide professional over night dog care services at her home for the client as set forth in Appendix A attached hereto.
- Client agrees to pay Inez Hagen for such dog care services the sum of \$_____ per day, payable in full upon completion of services.
- 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 to the client's veterinarian, if available, and if not; then to another veterinarian. Client will be notified of the circumstances and billing charges as soon as possible. He or she 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, SYM

Strutt Your Mutt, Inez Hagen

**APPENDIX A
TO
OVERNIGHT DOG CARE AT THE SYM ABODE SERVICES CONTRACT**

A. CLIENT INFORMATION

Name: _____ Home phone number: _____

Address: _____ Cell phone numbers: _____

Referred by: _____

Email address: _____

House key/code: _____

B. SPECIFIC DOG CARE

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

FOOD

Kibble and soft food brand: _____

Preparation (cups) info am/pm: _____

Food allergies: _____

Special treats: _____

Medications/supplements directions: _____

ADDITIONAL EXERCISE

Requests for play activities: _____

Customized exercise: _____

FEARS (thunder, lightening, fireworks, fast moves, etc., if any) _____

Suggestions to soothe and comfort: _____

ADDITIONAL INFORMATION "Key words"

What words do you use for the following things when communicating with your dog(s)?

Loading up for a car ride: _____

Go to the bathroom: _____

Recall: _____

Lay down/relax: _____

Stop barking: _____

Other key words or phrases: _____

"Quirky" habits: _____

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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: _____

EMERGENCY CONTACTS

Name: _____ Telephone number: _____

Address: _____ Relationship: _____

Name: _____ Telephone number: _____

Address: _____ Relationship: _____

*My dog(s) is happiest when: _____

CLIENT ITINERARY

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

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

Alternate contacts in the event that the emergency numbers listed above are not enabling contact, dog owner can be reached at:

Name: _____ Telephone number: _____

Name: _____ Telephone number: _____

OVER

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APPENDIX A, (continued)

SPECIAL COMMENTS OR REQUESTS: _____

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

Client's signature: _____ Date: _____