

*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

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**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: \_\_\_\_\_