Lexington Dog Walk, LLC
Terms & Conditions of Service
The parties herein agree as follows:

1.. **PET CARE SERVICES**: Lexington Dog Walk, LLC agrees to provide pet care services in a reliable, caring, and trustworthy manner. In consideration of these services and as an express condition thereof, the Client expressly waives and relinquishes all claims against Lexington Dog Walk, LLC except those arising from negligence or willful misconduct the part of the Lexington Dog Walk, LLC. The Client agrees to notify Lexington Dog Walk, LLC of any concerns related to the provided services within 24 hours of returning home.

2. **PAYMENT**: Fees are earned upon acceptance of pet visit reservations and are due when services are rendered. Accepted forms of payment are cash, check, or credit card. If payments are not rendered by the invoice due date, Lexington Dog Walk, LLC will automatically charge the credit card on file.

3.. **SCHEDULING**: Visit requests can be scheduled by calling or texting 803-873-6992. Visit request will be sent as a text to the number of the client to confirm the booking. The invoice will be sent after service is rendered. There may be a late booking fee charged in the amount of $5.00 and up.

4. **SECURITY**: Lexington Dog Walk, LLC c accepts no responsibility for the security of premises or loss if other individuals have access to the home during the term of this agreement. Pet care will be performed only by Lexington Dog Walk, LLC during all assignments.

5. **HOME ACCESS**: The Client will set up a lock box or an electronic door code for Lexington Dog Walk, LLC Inc to utilize for services. If using a lock box, the Client should keep 2 key copies in the lock box and will need to provide the lock box code and location in their account information. If the Client lives in a gated community or has an in-home security system, the Client must provide key cards/fobs or appropriate access codes required for entrance. It is the Client's responsibility to ensure lock box keys, lock box codes, or door codes work properly and are available for any visits scheduled with Lexington Dog Walk, LLC.

6. **LOCKSMITH**: If Lexington Dog Walk, LLC is required to employ a locksmith to gain entry into the Client's home due to a malfunction of the lock or failure of the Client to provide key, it shall be the responsibility of the Client to reimburse Lexington Dog Walk, LLC for all costs incurred. The Client expressly gives Lexington Dog Walk, LLC the authority to employ a locksmith on the Client's behalf in the event of the aforementioned occurrences. Lexington Dog Walk, LLC will make every effort to contact the Client before taking such action.

7. **INCLEMENT WEATHER AND NATURAL DISASTERS**: In the event of inclement weather or natural disaster, Lexington Dog Walk, LLC is entrusted to use their best judgment in caring for the Client's pet(s) and home. If conditions are unsafe for normal services or travel (extreme flooding, hurricanes, icy roads, etc Lexington Dog Walk, LLC will notify the Client as early as possible that the scheduled visit may be delayed, shortened, or cancelled. The Client agrees to provide the name and phone number of a person living nearby who may be contacted in the event of an emergency to take full responsibility of the Client's pet(s).

8. **EMERGENCY CONTACT**: The Client agrees to provide Lexington Dog Walk, LLC with the name and phone number of a person living nearby who is authorized to make decisions on behalf of the Client should any emergencies arise, and the Client cannot be reached in a timely manner. If the Client and the Emergency Contact cannot be reached in a timely manner, the Client agrees that Lexington Dog Walk, LLC may resolve emergencies at its sole discretion.

9. **PAYMENT POLICIES:** The Client agrees to make a payment in full for all scheduled Lexington Dog Walk, LLC services. All Lexington Dog Walk, LLC services include one pet. There are Extra Pet Fees added per visit for each additional pet. A late fee of $25 dollars will be applied on all returned checks. In the event it is necessary to initiate collection proceedings on the account, the Client will be responsible for all attorney's fees and costs of collection.

10. **PET ERRANDS AND PURCHASES**: The Client agrees to reimburse Lexington Dog Walk, LLC for any expenses incurred for any errand or purchase related to the Client's pet's health and well-being during their scheduled care. This could include pet food, cat litter, pet medications, or any other pet supply items deemed necessary for the Client's pet while under Lexington Dog Walk, LLC 's care. A Client Errand Fee will also be applied, in addition to the expenses of the purchase.

11. **NON-HOLIDAY CANCELLATIONS**: The Client must cancel services 24 hours in advance of the service. If the Client does not provide 24 hours' notice of a cancellation, they will be charged the full amount for the service.
12. **HOLIDAY PAYMENTS**: Full payment is due at the time of booking to confirm a holiday visit. Holiday fees will apply for every service rendered during holiday time frames.

13. **HOLIDAY CANCELLATIONS**: Full payment is due at the time of booking services that occur on a holiday. If the Client cancels scheduled services more than 14 days before the start date of services, the Client will be refunded their full payment. If the Client cancels with 14 days or less before the start date of services that fall on a holiday, the Client will be refunded 50% of their total invoice. If the Client cancels within 24 hours of the start date of services, no refunds will be given. No refunds will be given if the Client chooses to return home early.

14. **PET POLICIES**: Due to the unpredictability of animals, Lexington Dog Walk, LLC cannot accept responsibility for any mishaps of any extraordinary or unusual nature (i.e. biting, furniture/home damage, accidental death, etc.) or any complications in administering medications to pets. The Client agrees to indemnify and hold harmless Lexington Dog Walk, LLC in the event of a claim by any person injured by the Client's pet. Lexington Dog Walk, LLC cannot be liable for injury, disappearance, death, or fines of pets with unrestricted or unsupervised access to the outdoors.

15. **VACCINATIONS AND DISEASES**: All pets must be currently vaccinated and flea-free. The Client will be responsible for all medical expenses and damages resulting from an injury by the pet or exposure of any diseases or ailments to a Lexington Dog Walk, LLC employee or another person by the pet.

16. **DISCLOSURE OF ALL PETS**: The Client agrees to make Lexington Dog Walk, LLC aware of all living animals residing in the Client's home or on the Client's property. The Client agrees that all pets are subject to care by Lexington Dog Walk, LLC during scheduled services.

17. **AGGRESSIVE PETS AND/OR CARE CONCERNS**: Lexington Dog Walk, LLC reserves the right to terminate this contract at any time before or during its term if concerns prohibit Lexington Dog Walk, LLC from caring for a pet. If a pet has a history of any aggressive behavior, Client agrees to immediately make this known to Lexington Dog Walk, LLC and Lexington Dog Walk, LLC reserves the right to refuse or cancel services. If the Client or Emergency Contact cannot be reached to take full responsibility of Client's pet, the Client authorizes pet to be placed in a boarding facility, with all charges thereafter to be charged to the Client. Lexington Dog Walk, LLC will make every effort to contact the Client before taking such action.

18. **PET CARE SERVICES**: Lexington Dog Walk, LLC agrees to provide pet care services in a reliable, caring, and trustworthy manner. In consideration of these services and as an express condition thereof, the Client expressly waives and relinquishes all claims against Lexington Dog Walk, LLC c except those arising from negligence or willful misconduct the part of the Lexington Dog Walk, LLC. The Client agrees to notify Lexington Dog Walk, LLC of any concerns related to the provided services within 24 hours of returning home.

19. **FUTURE SERVICES**: The Client authorizes this signed contract to be valid approval for future services of any purpose provided by this contract. The Client permits Lexington Dog Walk, LLC to accept telephone/email/online reservations for services and enter premises without additional signed contracts or written authorization.

20. **EMERGENCY CARE**: The Client authorizes Lexington Dog Walk, LLC to obtain emergency veterinary care if deemed necessary during the time spent with the Client's pet. The Client accepts responsibility for all costs related to additional time spent with the Client's pet, transportation, treatment, and expenses for emergency care. Lexington Dog Walk, LLC is authorized to approve treatment (excluding euthanasia) as recommended by a veterinarian. The Client authorizes Lexington Dog Walk, LLC to utilize an alternate veterinarian in the event the Client's primary veterinarian is unavailable. Every effort will be made to contact the Client prior to obtaining emergency care. The Client agrees to reimburse Lexington Dog Walk, LLC for expenses incurred related to emergency care.

21. **EMERGENCY VETERINARY CARE AUTHORIZATION AND RELEASE:** In the event of a medical emergency where Lexington Dog Walk, LLC cannot contact the Client to authorize care immediately and directly, the Client hereby gives Lexington Dog Walk, LLC my express permission to transport my pet for care to my primary veterinarian, or to an open veterinary clinic or emergency facility if the primary veterinarian is not available. I give permission for the hospital/clinic/doctor to administer any care or medications necessary.

I understand that Lexington Dog Walk, LLC will try to contact me as soon as possible in the event of a medical emergency. If Lexington Dog Walk, LLC cannot contact me, I give permission to Lexington Dog Walk, LLC to approve treatment according to the veterinarian's discretion. I will assume full responsibility for the payment and/or reimbursement for all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all special service fees assessed by Lexington Dog Walk, LLC for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

By signing this contract, you acknowledge that you understand and accept the terms and conditions set forth by this agreement and the policies Lexington Dog Walk, LLC.

*Lexington Dog Walk is licensed and insured
*Lexington Dog Walk is Pet CPR and First Aid Certified

I have read the above terms and conditions. I know, understand, and agree to all terms stated above. By Signing below, I am accepting this document as a contractual agreement.

Printed Name_____ Client Signature_____

Printed Name_____ Client Signature_____

Email Address:

Office Notes Date

MEET AND GREET QUESTIONNAIRE

Pet's Name:

Pet's Dob:

Pet's Address:

Owner's Name, Number, Address:

Emergency Contact:

Emergency Contact:

Access to location: (key, garage door opener, remote)

Feeding Routine:

Medicine/known allergies:

Treats:

Daytime Routine: Crate trained/Free Roam: (create check box)

Bedtime routine:

Allowed/Not allowed: (bed, couch, other rooms)

Walking Routine: (where to and not to go)

Fence: (physical/invisible)

Any bad habits/behavior issues:

Known Commands:

Where are leashes, harnesses, collars, poop bags, toys, dry off towels:

Where are cleaning supplies/Preferred cleaning products:

Are they afraid of Storms/Fireworks/Loud noise? (Yes or no) Explain what to do.

Do they get along with other animals, kids, walkers,

What is the walking/letting out times and days? (There is a 1-hour window allowance)

If transporting, do they like cars (waiver signed in case of accident)

Anyone else accessing the property? (list with name, number, date, and time) (where do pets need to be when someone accesses property)

Anything else that is important to mention/explain?

X_____

IN HOUSE SITTING

Times needed for house sitting:

Explain Access to property and Pet:

Sleeping areas for pet and walker:

How many walks or let outs daily:

Allowed to leave, if so time frame?

End of stay duties: (walker's sheets, room clean ups)

Cameras/Alarms/Pet Cameras locations

Location of emergency stuff/Procedures:

If mail/packages are delivered does the sitter have permission to gather? (Yes or No) Where should they be placed?

If signature is required for acceptance does the sitter have permission to sign for it on your behalf? (Yes or no)

X_____

Anything that is not written on this before this initialed the sitter will not be responsible for. We can always update/change this at any time.

X_____

Veterinary Release Form

Owner's Full Names: _____

Dog's Full Name: _____

Dog's DOB: _____

Physical Address: _____

Telephone Number 1 _____

Telephone Number 2 _____

TO WHOM IT MAY CONCERN.

I hereby authorize the _____ (Veternarian's Office Name and Number) to treat any of my pets as listed on the Pet Information sheet and I accept full responsibility for all fees and charges (limited to $_____) incurred in the treatment of any of my pets.

Lexingtondogwalk is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, the Sitter shall act on my behalf to authorize any treatment excluding euthanasia.

Pet Sitter's Full Names: _____

Dogs Name: _____

Owner's Signature: _____

Date: _____

SOCIAL MEDIA
PET RELEASE FORM

_____ _____

PET NAME DATE

Your Pet is *IMPORTANT* to Us!

I hereby authorize ***Lexingtondogwalk, llc*** the use of photos and/or information related to my pet's experience at any establishment. I understand my pet may be used in publications including electronic, audio visual, promotional literature, advertising, community presentations, letters to area legislators, media and/or in similar ways. My consent is freely given as a public service without expecting payment.

I release this establishment and their respective employees, officers, and agents from all liability which may arise from the use of such news media stories, promotional materials, written articles, videos and/photographic images.

I hereby grant permission to this establishment to use

My pet's	☐	*name (s)/ images*
My pet's	☐	*and my last name/ images*
My pet's	☐	*and my first and last name/ image*

Owner Name _____

Signature _____

Veterinary Medical Records Release Form

Client Name: _____ I, the undersigned do hereby grant my permission for the release of any or all of the information contained in the medical records of those pets listed below to the following person or Veterinary practice:

Pet Name(s) For Release Of Medical Records :

1. _____

2. _____

3. _____

4. _____

Release Records to: Lexington Dog Walk, LLC

Email to: Lexingtondogwalkllc@gmail.com

Reason For Request Of Records: Lexington Dog Walk requested paperwork

Client Signature: _____

Date:

Owner’s Notes