

# Julspops Dog Walking & Pet/House Sitting Services

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## Client Agreement & Home Profile Form Dog Walking & Dog Sitting

| and; Your name   | Spouse/partr          | ner name  |
|--|-----------------------|---|
| Home address   |                       |   |
| Email  | /                     |   |
| Phones: Home1  | Mobile (self)         | Work (self)   |
| Mobile (spouse/partner)  | Work                  | (spouse/partner)  |
| How did you find out about me? _                                     |                       | If referred; by whom                                      |
| Single Visit   | Price \$              |   |
| 15 Min Potty Break   | \$13.50               |   |
| 30 Min Visit   | \$16.50               |   |
| 45 Min Visit   | \$19.00               |   |
| Weekly Visit -Monday to Friday (                                     | Inclusive)            |   |
| 15 Min Potty Break   | \$62.50               |   |
| 30 Min Visit   | \$77.50               |   |
| 45 Min Visit   | \$90.00               |   |
| Full Day Service   | \$42.50               |   |
| (Price includes 2 x 30 min walks/vis                                 | sits and 1 x 15 min p | otty break)   |
| Overnight Visit –Your home (Dog                                      | (s) \$45.00           |   |
| (12hr period includes 2 x walks, one                                 | on arrival and one    | prior to departure)                                       |
| Pet Sitting (My home)  |                       | r every 24hrs (One Pet)                                   |
|  |                       | r every 24hrs (Two Pets)                                  |
| (After 24hrs an additional fee will a                                | pply per hr thereafte | r. Two pet **Limit**)                                     |
| **If you are boarding your dog(s) vaccinated and flea/tick treatment |                       | nust be house-trained, well behaved, fully<br>or months** |

Price will be based on number of visits and if overnights are required.

## **ALL SERVICES & PRICING INCLUDES:**

2 pets, unless otherwise stated, additional pet(s) after 2 will be \$5.00 per pet; per visit; price also includes walk, feeding, replenish water bowls, brushing, playtime, administrating medications (with clients' written consent). Lots of TLC.

- I supply my own poop bags & fresh cold water during the summer months.
- If you reside in an apartment building a min of a 30 min visit is required for dog visits, this time is to allow for elevators, walking, feeding if necessary. Thank you for your understanding.

## **Additional fees:**

- First initial consultation is FREE, follow up visits if required (by client) are \$10.00 per visit
- If you choose to not enrol in the ON-CALL key program additional fee will apply for key pick up and key drop off a fee of \$10.00 each way.

# Pricing can change at any time and all services are applicable to 13% HST. HST # 776780512RT0001

### **Terms:**

- 1. The parties agree that they shall not disclose any terms and conditions contained in this agreement to any other party and shall keep same confidential between them.
- 2. Julspops Dog Walking & Pet/House Sitting Services agrees to provide dog walking services to the client, only by private walks, (IE: one family at a time) no dog parks, off leash or group walks are provided.
- 3. I authorize Julspops Dog Walking & Pet/House Sitting Services to perform dog walking services as outlined above.
- 4. I authorize Julspops Dog Walking & Pet/House Sitting Services to obtain any emergency veterinary care that may be necessary during the time spent with my pet(s). I accept responsibility for any charges related to this emergency care.
  - I also authorize Julspops Dog Walking & Pet/House Sitting Services to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact me prior to obtaining emergency care.
- 5. Julspops Dog Walking & Pet/House Sitting Services accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement.
- 6. Dog walking will be performed only by Julie Silcock Owner of Julspops Dog Walking & Pet/House Sitting Services during all assignments. I do recommend in having a back up in case there is ever a time I am unable to care for your pet(s) due to illness.
- 7. I agree to reimburse Julspops Dog Walking & Pet/House Sitting Services for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
- 8. Julspops Dog Walking & Pet/House Sitting Services agrees to provide the services stated in this agreement in a reliable, trustworthy, and caring manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against Julspops Dog Walking & Pet/House Sitting Services, except those arising from proven deliberate negligence of the pet sitter.
- 9. I understand and agree that the amount of time I book for a dog walk (i.e. 15, 30, or 45 minutes)

includes any additional time required by Julspops Dog Walking & Pet/House Sitting Services to prepare my dog(s) for the walk (or clean my dog(s) when the walk ends). This includes routines such as placing clothing / booties (outdoor wear) on my dog(s), feeding, cleaning, and any other requests.

Further, there may be days when Julspops Dog Walking & Pet/House Sitting Services arrives earlier or later than the start of your scheduled appointment. This may be due to traffic, weather, emergency, etc. Should this occur, your dog(s) will always receive the full 15, 30 or 45-minute walk you've booked regardless of when I arrive for the appointment.

- 10. Julspops Dog Walking & Pet/House Sitting Services will not be liable for the injury, disappearance, death, or fines of any pet(s) with unsupervised access to the outdoors.
- 11. Client will be responsible for all medical expenses and damages resulting from an injury to other persons caused by the pet(s). Client agrees to indemnify and hold harmless Julspops Dog Walking & Pet/House Sitting Services in the event of a claim by any person injured by the pet(s).
- 12. It is expressly understood that Julspops Dog Walking & Pet/House Sitting Services shall not be held responsible for any damage to client's property, or that of others, caused by client's pet(s) during the period in which they are in its care.
- 13. I attest to the fact that all licenses and vaccinations required by the Province of Ontario, the City in which I reside and/or the City of London are current according to the law. A current copy has been provided to Julspops Dog Walking & Pet/House Sitting Services for her records. I agree to inform Julspops Dog Walking & Pet/House Sitting Services of any changes to my pet(s) health or diet to stay consistent with my pet(s) needs.

| In the event of an emergency resulting in property damage either caused by fire, gas leak, break-in, flood, storm damage, etc.; I would like Julspops Dog Walking & Pet/House Sitting Services to do the following:       |
|---|
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|   |
| I have read and agree to the above and in addition I have completed and signed the required Pet & Veterinary Form, any reference to pets in this contract shall refer to those specified on the Pet & Veterinary Form(s). |
| Pet Owners/Client Signature:  |
| Dated:, 20, in the City of London, Ontario  |

# **Client Profile & Home Information:**

| <b>EMERGENCY CONTACTS</b> (People able to make decisions about the care of pet(s) or home in emergencies) <b>MUST BE FILLED IN</b> |  |  |  |
|--|--|--|--|
| Name   | / Name   |  |  |
| Relationship   |  |  |  |
| Key to home? □Yes □ No   | Key to home? □Yes □ No                           |  |  |
| Provide Phone Number   | Provide Phone Number                             |  |  |
| OTHER PERSONS WHO MIGHT BE EN  | TERING YOUR HOME OR ON YOUR                      |  |  |
| PROPERTY (realtor, housekeeper, landlord,  | gardener, pest control, relative, friends, etc.) |  |  |
| MUST BE FILLED IN  | , , , , , , , , ,                                |  |  |
| Name   | Name Relationship                                |  |  |
| Relationship   | Relationship                                     |  |  |
| Key to home? □Yes □ No   | Key to home? □Yes □ No                           |  |  |
| Provide Phone Number   | Provide Phone Number                             |  |  |
| PLEASE LIST THE LOCATION OF THE  | FOLLOWING:                                       |  |  |
| Broom/Vacuum   |  |  |  |
| Water Shut Off Valve   |  |  |  |
| Gas Shut-Off valve   |  |  |  |
| Fire extinguisher(s)   |  |  |  |
| Breaker Box / Electrical Panel   |  |  |  |
| Spare House Key  |  |  |  |
| Cleaning Supplies  |  |  |  |
| HOME INFORMATION:  |  |  |  |
| Gate Code: Door Keypa  | d Code: Garage Door Code:                        |  |  |
| Alarm Panel Location:  |  |  |  |
| Alarm Entry Password:  |  |  |  |
| Alarm Exit Password:   |  |  |  |
| Alarm Company Name & Phone #:  |  |  |  |
| Alarm Code Word:   |  |  |  |
| Cameras / Video Surveillance: □Yes □ No  |  |  |  |
| WIFI:  |  |  |  |
| WIFI PASSWORD:   |  |  |  |
| (This is only needed if overnights are required at your home, thank you)   |  |  |  |
| Other Information That Might Be Valuable:  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| If you reside in an apartment/condo building, please advise if there are any special check-in                                      |  |  |  |
| procedures or otherwise (doorman, etc.) that I may need to be aware of.  |  |  |  |
|  |  |  |  |
| - 11 10 2  |  |  |  |
| Landlord/Management Contact  |  |  |  |
| Information:   |  |  |  |

| PLEASE ONLY COMPLETE IF HOUS CARING FOR YOUR PET(S):                                  | SE SITTING REQUIRMENTS ARE NEEDED WHILST  |
|---|---|
|   |   |
| Collect Mail ( ) How frequent? Weekly (   | ( ) Each Visit ( ) Other:   |
| Mailbox # and Location:   | Key to Mailbox: Where?  |
| Alternate Light Switches ( ) Timers ( )   | Where?  |
| Alternate Window Coverings ( )  |   |
| Flush Toilets ( ), I also check windows, do Put out Garbage Bins (Y ) Location of Bin | oors I do a thorough walkaround of the home inside and out.  ns:  tion so I can place out the night before. |
| Please provide day/date for garbage collec  | tion so I can place out the night before.   |
| Water Indoor Plants ( ) Location of Plant   | s:  |
| Water Outdoor Plants ( ) Pots Only ( ) Is   | s:nground Plants Only ( ) Pots & Inground Plants ( )  |
|   |   |
| Julspops Dog Walking & Pet/House Sitt   | ing Services can NOT be held responsible for any plants   |
| that may not survive; I will care for the   | m the best I can.   |
| This agreement will remain valid for current  | nt and any future service.  |
| Client Signature:   | Date: Date:, 20   |
| Chem Signature.   | In City of London, Ontario  |
| Print Name:   |   |
| Owner/Operator Julspops Dog Walking & Signature:                                      | Pet/House Sitting Services Date:, 20 In City of London, Ontario   |
| Julie Silcock   |   |

Privacy Policy:

Julspops Dog Walking & Pet/House Sitting Services will not share any of your personal & confidential information that is provided at time of service with any third party. All information is held in a secured location. Bonded & Insured with PROfur.