Name: Phone Number: Email:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog Name: Dog Age: Dog Breed: Color/Gender:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of biting: \_\_\_\_\_Known Illnesses: \_\_\_\_\_\_\_

**Description of services**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Date:\_\_\_\_\_\_\_\_

**Payment for service:** Pay the amount of \_\_\_\_\_\_\_\_to Kevin Oyetimbo before the date of service listed above. Additional fees may include the purchase of necessary items for the care of the pet, including but not limited to pet food, cleaning supplies, boarding supplies, overnight watch and care, late fees, transportation, unexpected visits and emergency expenses for health care. I Kevin Oyetimbo will retain and show proof of receipts for additional expenses.

The full amount will be paid and payment of all additional fees or expenses expected within 7 days of end of service.

**Term/termination:**  This service will terminate automatically once a completion of satisfaction of required expectation or \_\_\_\_\_\_\_\_\_\_\_\_\_(date).

**Emergencies:** In the event of an emergency, I Kevin Oyetimbo shall contact at the number provided. If cannot be reached in a timely manner authorized to:

1. Transport the pet(s) to listed veterinarian on the attached Release Form;
2. Request onsite treatment from a veterinarian;
3. Transport the pet(s) to an emergency clinic if the previous two options are not feasible.

**Relationship of parties**: It is understood by the parties that Kevin Oyetimbo is an independent contractor and not an employee, and will not provide fringe benefits, including health insurance benefits, paid vacation, or any other employee benefit, for the benefit of Kevin. Pet parent is entitled to pay any medical bills that may occur during time of service is active.

**Security:** Kevin Oyetimbo warrants to keep safe and confidential of all keys, remote control entry devices, access codes and personal information and to return the same at the end of the contract period or immediately upon demand.

**Indemnification:** The parties agree to indemnify and be held responsible for each other personal property assigned to any and all claim losses, expenses, and fees including attorney fees.

**Liability:** Kevin Oyetimbo accepts no liability for any breach of security, loss, or damage property if any other person has access to the property during the term of this contract. Kevin Oyetimbo shall not be liable for any mishap of whatsoever nature which may befall a pet or caused by a pet who has unsupervised access to the outdoors. Kevin Oyetimbo is released from all liability related to transporting pets to and from any veterinary clinic or kennel, the medical treatment of the pet(s) and the expense thereof. Kevin Oyetimbo is released from all liability of injury to pet(s) caused by other pet(s) or animal(s) not under the control of Kevin Oyetimbo.

**Entire Agreement:** This Contract contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement whether oral or written.

Late fees
Boarding: After 11 am new day fee 15 each day
Training: Cancelation/rescheduling fee of any appointment- $10
Choose one: Pick up\_\_\_\_\_\_\_\_\_\_\_\_ Drop off\_\_\_\_\_\_\_\_\_
Vet name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Vet Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_