

Terms of Agreement for Pet Care Services

| This signed document is an agre | eement between West | Coast Pets, L | LC and |
|--|--|--|--------------------------------------|
| | (Client) for pet o | care services t | o begin on |
| (date) a | nd end (date) | | , or as an |
| ongoing service. WCP, LLC agree | | | |
| reliable, trustworthy, and caring | g manner. | | |
| The service period will be sched | uled as follows: | | |
| visits per day on the first day | morning | mid-day | evening |
| visits per day on the days in be | | | |
| visits per day on the last day | morning | mid-day | evening |
| PET CARE: | | | |
| 1) I, | (Client) author | rize West Coa | st Pets, LLC to |
| perform pet care services as out | lined in Client Profile | , Pet Profiles, | and Service |
| Policies, which shall become pa | rt of this contract. | | |
| 2) If a pet becomes ill while und their representative to transpor available, if deemed necessary i representative to approve any e veterinarian (unless otherwise s to pay promptly for any charges liabilities related to transportation | t my pet to my veterin n his/her best judgme mergency treatment r stated in Veterinarian s incurred. I release W | narian, or one ent. I authoriz recommended Release Form CP, LLC from | who is se said by the a) and I agree |

3) I agree to reimburse West Coast Pets, LLC for any additional fees for tending to emergency or veterinary care. Client also agrees to reimburse WCP, LLC for additional time accrued at the rate of \$25.00 per hour in the case of such an emergency.

LIABILITY:

- 1) Client expressly waives and relinquishes any and all claims against West Coast Pets, LLC, its employees, and associates, except those proven to be arising from negligence on the part of WCP, LLC.
- 2) West Coast Pets, LLC, company owner, agents, assigns, successors and heirs are not liable and are completely indemnified for any and all liability stemming from the act(s) or failure to act of third parties, whether known or unknown,

including, but not limited to, friends, neighbors, relatives or other service persons that shall enter your home for any purpose while we are caring for your pets. On <u>Page 2</u> of your Client Profile, list the names and phone numbers of persons with your permission to access your home during this service period. If upon arrival for pet care services we encounter a person in your home that is not on your list, we will immediately leave and contact you for conformation that the person is not an intruder.

- 3) It is expressly understood and agreed that West Coast Pets, LLC shall not be held responsible for any damage to Client's property, or that of others, caused by Client's pet(s) during the service period.
- 4) I also agree that it is my responsibility to notify WCP, LLC if any of my pets have ever caused injury to any person, or animal. If a pet has a history of biting or other aggressive behavior, West Coast Pets, LLC reserves the right to refuse service. Bites must be reported to the local authorities as provided by law. The owner will be liable for medical expenses and damages that result from a bite.

| 5) I attest to the fact that al | l licenses and vaccinations required by the State of |
|---------------------------------|--|
| Washington, and City in wh | ich I reside and/or the County of Whatcom are |
| current according to law | (initial here) |

FUTURE SERVICES:

I AUTHORIZE THIS AGREEMENT TO BE VALID APPROVAL FOR FUTURE SERVICES SO AS TO PERMIT WEST COAST PETS, LLC TO ACCEPT MY TELEPHONE OR EMAIL RESERVATIONS AND ENTER MY PREMISES WITHOUT ADDITIONAL SIGNED CONTRACTS OR WRITTEN AUTHORIZATIONS.

I have read and agree to the aforementioned Terms of Agreement which are a part of this service contract. I have been provided with a signed copy for my records. I have completed and signed required veterinary release forms.

| Pet Owner | | |
|-------------------------------------|-------|--|
| Signature: | Date: | |
| West Coast Pets, LLC Representative | | |
| Signature: | Date: | |