

Kreature Komforts

pet sitting for spoiled rotten fur kids

4720 NW 37th Place

Gainesville, Florida 32606

352-317-7398



TERMS OF AGREEMENT for Pet Care Services

This signed Terms of Agreement is an agreement by and between **Kreature Komforts (K.K.)**, a Florida sole proprietorship, owner: Bonnie Kisko, and _____, a resident of Alachua County, Florida (Client) for pet care services and is made effective beginning _____, 201__, until revoked in writing. Kreature Komforts (hereafter referred to as **K.K.**) agrees to provide pet care services to Client in a reliable, trustworthy, professional and caring manner.

- (1) I authorize **K.K.** to perform pet care services as outlined in the Guidelines and Policies which shall become part of this contract.
- (2) I authorize **K.K.** to obtain any emergency veterinary care that may be necessary during the time spent with my pet. I accept responsibility for any charges related to this emergency care. I also authorize **K.K.** to utilize an alternative veterinarian in the event my primary veterinarian is unavailable. Every effort will be made to contact the owner prior to obtaining emergency care.
- (3) I authorize **K.K.** to administer medications to my pets, according to my directions in my absence.
- (4) I agree to **K.K.**'s baseline fee of \$_____ per visit. Other fees for additional services or circumstances may apply. Any additional visits made or services performed shall be paid for at the agreed contract rate.
- (5) **K.K.** accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement. Pet care will be performed only by **K.K.** during all assignments unless prearranged with client (i.e., in the event of **K.K.** owner or employee being on vacation, etc.)
- (6) I agree to reimburse **K.K.** for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies. Please refer to the Guidelines and Policies.
- (7) **K.K.** agrees to provide the services stated in this agreement in a reliable, caring and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives and relinquishes any and all claims against **K.K.**, its employees or assigns.

- (8) **K.K.** will not be liable for the injury, disappearance, death, or fines of any pet with unsupervised access to the outdoors.
- (9) Client will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet. Client agrees to indemnify and hold harmless **K.K.** in the event of a claim by any person injured by the pet.
- (10) **K.K.** reserves the right to terminate this contract at any time, at its sole discretion; likewise, Client may terminate this contract at any time.
- (11) It is expressly understood that **K.K.** shall not be held responsible for any damage to client's property, or that of others, caused by client's pets during the period in which they are in **K.K.**'s care. Client has advised **K.K.** of all situations, which will relieve **K.K.** of liability for damage.
- (12) Fees are earned upon acceptance of pet sitting reservations and are due at time of or before first service day. No refunds will be given for cancelled visits once time has been reserved.
- (13) I attest to the fact that all licenses and vaccinations required by the State of Florida, the City in which I reside and/or the County of Alachua are current according to the law. _____ (initial here)
- (14) I agree to immediately call **K.K.** upon my arrival home to confirm my arrival. In the event that I am delayed or forget to call, I understand that **K.K.** will extend my service past the predetermined number of visits, to ensure the health and well-being of my pets. I understand and agree to this policy and will assume all liability from charges arising from this policy.
- (15) I authorize this contact to be valid approval for future services so as to permit **K.K.** to accept my telephone reservations and enter my premises without additional signed contracts or written authorization.

I have completed and signed the required **veterinarian release forms** and my primary veterinarian will be notified with a copy of the **Veterinarian Authorization**.

I have read and agree to the aforementioned **Guidelines and Policies** which are a part of this agreement. I have been provided with a signed copy for my records.

This agreement will remain valid for current and future service, with the exception of any agreed to changes in fees or frequency or total number of visits.

Client Signature:

Date: _____

Kreature Komforts Representative

By:

Bonnie Kisko, Owner / Operator

Date: _____