Owner/Operator: Philly Fit Dog, LLC
Phone: 215.787.0370
Email: info@phillyfitdog.com

Terms of Agreement for Dog Walking and Running Services

Dog Walking and Running Days & Fees
Requested Date for 1st visit to be made: ___ ___

Are you interested in walking or running services or a combination of the two? __________________________________________

What two hour time windows are you looking for your dog(s) to get exercised? __________________________________________

Days of the week you are interested in our services: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat
Other:____________________________________

Terms
This signed document is an agreement between Philly Fit Dog, LLC and __________________________ (Client) for pet sitting, dog walking or dog running services beginning on __________. Philly Fit Dog, LLC agrees to provide dog walking services to Clients in a reliable, trustworthy, and caring manner. With your consent, Philly Fit Dog Watch, LLC reserves the right to walk other dogs at the same time, but the total number of dogs walked with one person at one time will not exceed six (3).

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.

1. I authorize Philly Fit Dog, LLC to perform dog walking and/or dog running services as outlined above and in Client Profile, Pet Profile(s), and Policies and Procedures which shall become part of this contract.

2. I authorize Philly Fit Dog, LLC 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 Philly Fit Dog, LLC 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.

3. Philly Fit Dog, LLC accepts no responsibility for security of the premises or loss if other individuals have access to the home during the term of this agreement.

4. Dog walking and dog running will be performed only by Philly Fit Dog, LLC during all assignments unless prearranged with client (i.e. in the event of Philly Fit Dog, LLC owner or employee being on vacation, etc.).

5. I agree to reimburse Philly Fit Dog, LLC for any additional fees for providing emergency care, as well as any expenses incurred for unexpected visits, transportation, housing, food, or supplies.
6. Philly Fit Dog, LLC 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 Philly Fit Dog, LLC, its employees or assigns, except those arising from proven deliberate negligence of the pet sitter.

7. Philly Fit Dog, LLC will not be liable for the injury, disappearance, death, or fines of any pet(s) with unsupervised access to the outdoors.

8. Client will be responsible for all medical expenses and damages resulting from an injury to the pet sitter or other persons by the pet(s). Client agrees to indemnify and hold harmless Philly Fit Dog, LLC in the event of a claim by any person injured by the pet(s).

9. It is expressly understood that Philly Fit Dog, 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 period in which they are in its care.

10. Fees are earned upon acceptance of Dog Walking and Dog running reservations. Accepted methods of payment are cash or check. Clients are to pay fees for each week on or by the Friday after services are complete by leaving cash or a check at their residence made out to Philly Fit Dog, LLC. If a client schedules visits on a monthly basis they have the option of paying in full on the first Friday of the service or they can pay each week on Friday. Upon reservation of service an invoice will be sent to the clients for the appointments that they have scheduled.

Once Philly Fit Dog, LLC begins using an online scheduling system we will start accepting credit cards through this secure site and clients will be required to pay upon reservation of appointments. However many walks or runs are scheduled, the client will be paying for at that time. You will be notified when Philly Fit Dog, LLC switches over to using the online system and only accepting credit cards.

11. If you cancel before 48 hours of your scheduled walk or run, you will receive a refund. If you cancel within 48 hours of your scheduled walk or run you will get a credit that will expire within 60 days. A fee of $30 will apply to all returned checks. Clients are responsible for all costs of collection.

12. I attest to the fact that all licenses and vaccinations required by the Commonwealth of Pennsylvania, the City in which I reside and/or the County of Lee are current according to the law.

I have completed and signed required Veterinary Release form, Pet Profile, and Client Profile. Any reference to pets in this contract shall refer to those specified on the Pet Profile sheet(s).

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

I/we have read and agree to the above Policies & Procedures, and intend to be jointly and severally legally bound thereby.

Client Signature: ____________________________  Philly Fit Dog, LLC

Client #1 [Date]  Whitney Wells, Managing-Member [Date]

Client #2 [Date]
POLICIES AND PROCEDURES

Pet comfort and safety and security of your home, are the cornerstones of Philly Fit Dog, LLC. Our company provides at home pet care while owners are away or for owners who need a helping hand. Whether you go on vacation, a business trip, need a midday visit to walk, feed, cuddle, or medicate your pet, Philly Fit Dog Watch, LLC can do it when you cannot. We also provide pet taxi service to safely transport pets to grooming, veterinary, or other appointments. All our services are provided in a reliable, trustworthy, and caring manner.

Please note that Policies and Procedures are subject to reasonable changes and amendments which may be implemented from time to time.

**Reservations:** Please plan ahead to obtain services on the dates you desire. A free in-home consultation is required prior to reservations for all new clients. While we can tentatively pencil in your dates, we must meet you and your pets and assess your needs before we make a commitment to providing your pets’ care. During this initial meeting we will also review and complete forms and sign agreements. Please have client and pet profiles completed for this initial consultation if you received a Welcome Kit in advance. You may also download the forms at [www.phillyfitdog.com](http://www.phillyfitdog.com).

**Keys:** To eliminate all confusion with misplaced, lost or stolen keys we operate with a “lock box system”. Your key will be kept in a lock box at your house/apartment. You will purchase a lock box at a reduced rate from Philly Fit Dog for 9 dollars, buy one on your own or use a lock box that you already have. If you chose to purchase a box from Philly fit Dog, LLC the cost will be added onto the cost of your first invoice. If you chose to no longer use the services of Philly Fit Dog, LLC you can return the lock box and get the nine dollars you paid for it back.

**Reservation Confirmation:** Your voicemail or email requests require a reply from Philly Fit Dog, LLC to consider your reservation as confirmed. This ensures that we won’t miss your message and your pets will receive their required care.

**Extended Absence:** In the event you have to be away longer than planned it is mandatory that we hear from you! We will only accept extensions of service by direct confirmation, so again, be sure you speak personally with a Philly Fit Dog, LLC employee or that we reply to email you send. Your pets’ well-being depends on our communication!

**Cancellations – Dog walking and running:** If you cancel before 48 hours of your scheduled walk or run, you will receive a refund. If you cancel within 48 hours of your scheduled walk or run you will get a credit that will expire within 60 days. A fee of $30 will apply to all returned checks. Clients are responsible for all costs of collection.

**Payment – Dog walking and Running:** Fees are earned upon acceptance of Dog Walking and Dog running reservations. Accepted methods of payment are cash or check. Clients are to pay fees for each week on or by the Friday after services are complete by leaving cash or a check at their residence made out to Philly Fit Dog, LLC. If a client schedules visits on a monthly basis they have the option of paying in full on the first Friday of the service or they can pay each week on Friday. Upon reservation of service an invoice will be sent to the clients for the appointments that they have scheduled.

Once Philly Fit Dog, LLC begins using an online scheduling system we will start accepting credit cards through this secure site and clients will be required to pay upon reservation of appointments. However many walks or runs are scheduled, the client will be paying for at that time. You will be notified when Philly Fit Dog, LLC switches over to using the online system and only accepting credit cards.
Unplanned fees: Client will reimburse Philly Fit Dog, LLC for restocking of depleted supplies – it is the owner’s responsibility to provide more than adequate amounts of food, litter, treats, medications, flea products and other items needed for complete care of their pets.

Returned checks: Client agrees to pay a $30 fee for each check returned by the client’s bank regardless of the reason.

Past Due Accounts: Any fees more than 30 days past due will be sent for collections. Client is responsible for all costs of collection.

Minimum Visits for Vacation Pet Sitting: Philly Fit Dog Watch, LLC requires a minimum of two visits per day for dogs and a minimum of one visit per day for all other pets.

Philly Fit Dog, LLC reserves the right to deny service or terminate service because of safety concerns, financial issues, or inappropriate or uncomfortable circumstances.

Visitors: Please notify Philly Fit Dog, LLC if others (housekeepers, pest control service, realtors, friends, family members, etc.) will have access to your home during your absence. It is understood that the client will notify anyone with access to the home that Philly Fit Dog, LLC’s services have been engaged. The police will be called on all intruders or suspicious acts without exception.

Philly Fit Dog, 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 residence for any purpose while Philly Fit Dog, LLC is caring for your pets.

Last minute requests/Emergencies: Everyone has them! Feel free to call if an unexpected need arises; we will make every attempt to accommodate your needs for service on short notice depending on our availability. Philly Fit dog will do it’s best to accommodate your last minute requests. There will NOT be an extra fee as we understand things come up and we want to be there to assist you. Philly Fit Dog, LLC networks with other area sitters for this reason and if we can’t fulfill your emergency pet care needs we will try to help you contact a competent professional pet care provider who can.

I will carry a copy of YOUR emergency contact form with my daily log (your name + contact’s name and phone number) in the event I have an unexpected accident or illness. Please be sure this information is current and that the designated contact has access to your home to ensure your pets’ care continues uninterrupted.

Inclement Weather: In the event of inclement weather, Philly Fit Dog, LLC has requested on your Client Profile the name and phone number of a person living nearby. If Philly Fit Dog, LLC is physically unable to reach your home due to impassable roads, please provide us with this information so that we can contact this person to request assistance. Your pets’ health and well-being is our utmost concern and we will contact you as soon as possible to keep you informed of these events.

Unsecured pets: Philly Fit Dog, LLC will not be responsible for free-roaming or outdoor pets in the event of illness, injury, loss or death. It is strongly advised that all pets have some form of permanent ID and that they remain inside the home or confined to a yard or pen for their own safety and welfare in your absence.

It is the pet owner’s sole responsibility to “pet-proof” any areas of the home and/or property to which the pet has access. This includes thoroughly inspecting fences, gates, latches, doors and other devices meant to contain the pet or restrict access to specific areas. The pet sitter does not assume responsibility and has no liability for any injuries the pet may sustain or property damage the pet may cause while in its own home/property.

I/we have read and agree to the above Policies & Procedures, and intend to be jointly and severally legally bound thereby.

Client Signature: ________________________________

[Date]

Philly Fit Dog, LLC

BY: ________________________________

Whitney Wells, Managing-Member

[Date]
Client Profile and Home Information Form

Your name ___________________________________ Spouse/partner name __________________________
Local address _____________________________________________________________
Home address (if vacationing or a seasonal resident) ___________________________
Mailing address (if different from above) ______________________________________
Email ________________________________________________________________

Phones: Home __________________ Mobile (self) __________________ Work (self) _____________
Mobile (spouse/partner) __________________ Work (spouse/partner) ________________

How did you find out about us?  ❑ Internet ❑ Print ad (publication ___________________
❑ Referred by ___________________________ ❑ Other ____________________________

<table>
<thead>
<tr>
<th>EMERGENCY CONTACTS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Relationship</td>
<td>Key to home?</td>
<td>Phone Numbers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❑ Yes ❑ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>❑ Yes ❑ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER PERSONS WHO MIGHT BE ENTERING YOUR HOME OR ON YOUR PROPERTY (realtor, housekeeper, gardener, pest control, relative, friends, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name/Relationship</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOTE THE FOLLOWING INSTRUCTIONS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alarm Entry Password:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alarm Company Name &amp; Phone #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Trash Cans/Dumpster:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage door Code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:info@phillyfitdog.com">info@phillyfitdog.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
* This signed document is authorization for Philly Fit Dog, LLC representatives to enter the above premises for the purpose of pet care.
I/we have read and agree to the above Policies & Procedures, and intend to be jointly and severally legally bound thereby.

Client Signature: _______________________________ [Date]

Philly Fit Dog, LLC

BY: __________________________________________ [Date]
Whitney Wells, Managing-Member

Client #2 _______________________________ [Date]
We ask many questions in order to best protect your pets and other clients' pets. Detailed information enables us to use extra care and to take any necessary preventative measures while providing for every pet in our care.

Client Name: ____________________________________________________________
Pet Name: ______________________________________________________________

Color: ____________________________
Distinctive markings: _____________________________________________________
Breed: ____________________________ Pet Date of Birth: ________________ Weight: ________________
Pet's collar color: _______________________________________________________

How do you describe your pet’s personality?
Friendly       Easy-going       Aloof       Excitable       Stubborn       Meek       Other ________________

Attitude toward strangers?
Excited       Friendly       Aloof       Cautious       Stressed       Scared       Defensive       Mean       Indifferent

Has your pet ever snapped at, bitten, or acted aggressively anyone? ❑ Yes ❑ No
If yes, please explain: ____________________________________________________

Is your pet good with children? ❑ Yes ❑ No

Does your pet have a history of biting or fighting with other animals? ❑ Yes ❑ No Are you aware of any reason we should approach your pet with caution?

How does your pet react to your absence from home? ___________________________

May dog walkers or runners give your pet treats? ❑ Yes ❑ No

Where should pet waste be disposed of? ______________________________________

Feeding Instructions: quantities, special preparation instructions, etc.
A.M. ________________________________________________________________
P.M. ________________________________________________________________
Feed pets ❑ together      ❑ separately

For multiple pets: Please describe which dish belongs to which pet and where each pet prefers to eat: __________________________

Brand of pet food used: ________________________________________________

Where is pet food stored? ______________________________________________
PLEASE LIST THE LOCATION OF THE FOLLOWING

| Leashes | treats |

Medications:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>When to Administer</th>
<th>Amount</th>
<th>How to Administer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

History of illness?  ☐ Yes  ☐ No  If yes, please explain: __________________________________________________________

Other information that will help us care for your pet? __________________________________________________________

I certify that all of the above information is true and correct to the best of my knowledge, and that I will notify Philly Fit Dog, LLC of any material changes to the above prior to the start of any Service period.

________________________________________  ____/____/________  ______________________
Client Signature  Date  Printed Name
Owner/Operator:  Philly Fit Dog, LLC  
Phone:  215.787.0370  
Email:  info@phillyfitdog.com

VETERINARY TREATMENT AUTHORIZATION

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence and we are unable to contact you at the time. Should you change veterinarians, please notify Philly Fit Dog, LLC before service dates.

Client Name: ____________________________________________

Address: ____________________________________________  City: ____________  State: ___  ZIP: ____________
Home Phone:________________________ Work Phone: __________________ Mobile:________________________

Email:__________________________________________________________

Special Instructions:________________________________________________________

Philly Fit Dog, LLC reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Primary Veterinary Clinic:________________________________________

Address:________________________________________  City: ____________  State: ___  ZIP: ________

Phone: ________________________________________________

Preferred Urgent Care Veterinary Facility: ____________________________

Address:________________________________________  City: ____________  State: ___  ZIP: ________

Phone: ________________________________________________

I/we do hereby authorize veterinary treatment for my animal(s) during my absence. I understand that Philly Fit Dog, LLC assumes no responsibility for the loss of any pet and is released from any and all liability and/or other obligation related to transportation, treatment and expense associated with transport to and veterinary treatment rendered. I have made advance arrangements with your office to pay all charges and fees that are incurred on my behalf, immediately upon my return.

*Signed________________________________________________________

OR:  ❑ Mastercard  ❑ Visa  Card number: ____________________________  Exp. Date: ___/___

Name on card: ____________________________________________ *Signed: ____________________________________________

Maximum charge authorized for veterinary care and pet medications only $ ______