The Dog Abides

Scott Harris,owner 530-363-0542 thedogabides.1@gmail.com

DOG WALKING/SERVICE AGREEMENT

DATE	CLIENT NUMBER
PHONE	DOG'S NAME

This agreement is effective from	to	and is between	The Dog Abides, a
California Corporation (herein referred to	as "TDA") and	L	
(herein referred to as "client") who reside	s at		

This agreement constitutes permission to enter above address and perform duties as stated in TDA's service package descriptions, as well as agreed upon between TDA and client during the Introduction meeting. This agreement will remain in effect for all future visits, provided that no significant changes have taken place by either party.

Any changes to this agreement must be done in writing or they will be null and void. TDA has the right to make any changes to this agreement at will and without notice. With any changes, a new agreement will be presented before any new services are rendered.

Services/Rates:	Dog walking at \$1hr walk		Pet-sitting at \$_		per visit	
		\$	2/3hr walk			
	Additional se	ervices :				
Payment for Se	ervices:	□Cash	□Check	□Venmo	□PayPal	□Credit Card
A \$30 fee is ass	essed on all retu	urned chec	:ks. Fees mu	st be paid pr	omptly via ca	sh or money
order.						

<u>Cancellation Policy</u>: You must cancel walks with a minimum 24 hours notice for a credit. You will be charged full price for walks cancelled with less than 24 hours notice. <u>Initial</u>

Key Release: Arrangements have already been made between TDA and client during Introduction meeting and client has initialed key release on Client/Home Information Sheet.

The parties hereto hereby agree to the terms of this agreement. By signing this agreement the client is confirming that he/she has read, understood and agrees to all of the following, which are incorporated herein by this reference and confirms such understanding and/or that he or she has signed and/or initialed them (and acknowledges having received a copy of each of them):

Client/Home Information sheet_____ Initial Dog Information sheet _____Initial TDA's Terms and Conditions ____ Initial

Dog Owner's signature_____Date_____The Dog Abides signature_____Date_____Payment has been received at time of signing: □Yes □No

FOR HOUSE VISIT/PET SITTING PURPOSES ONLY

Any medical/health concerns(Must fill out Medication Permission slip if administering meds, which is attached hereto as Addendum A, and incorporated herein by this reference):