The DogSmith Client Key Agreement

I have provided the DogSmith Pet Care Technician with the following key(s)

Dated_____

Main Keys: Description and door it opens _____

Backup Keys: Description and door it opens _____

I furthermore agree to and understand the following conditions and terms:

♦ The PCT has my permission to make a copy of my key(s) for emergency / backup purposes at their discretion.

♦ The PCT agrees to place an identifying code on my keys. My keys will not be marked with my name, address, or pet's names. When not in use or prepared for use, my keys will be stored in a secure location.

♦ My keys will be automatically retained by my PCT at the end of each service period if I opt to remain on the "Never Worry Key Program." The PCT will place the key in a secured location until future service is requested.

♦ The PCT has permission to provide my keys to any of its employees or independent contractors providing me with DogSmith Services.

Key Returns

I understand that on the last day of service my key can be left in my home. Please note below how you would like the key left at your home. I understand that the PCT will not be able to access my house again after the PCT has left the key, including in the case of emergencies or delays in my return. There is no charge for the Key return at the last service visit.

Describe where you would like the key(s) left in your home on the last day of service

♦ The PCT is willing to exchange keys via mail. All mailed keys will be sent wrapped in cardboard and taped. The envelope will be padded and clearly marked with "Hand Sort Only – Do not machine process". The PCT is not responsible for keys that are sent and/or lost in the mail.

♦ Each key transfer by this method is charged to the client at a rate of $20.00. That fee is assessed when Your PCT is asked to send or receive a key via mail.

♦ The PCT is willing to exchange keys via drop off or pick up. Each personal key transfer is charged to the client at a rate of $30.00 per 30 minutes of travel time.

This request **must be confirmed** by the PCT, and **a Signed Copy must be given to the PCT**. By submitting this request, I agree to all terms as stated above.

Client Name: Client Signature: Date:	Please describe where you would like the key left in your home.