

K9 Bed Bug Detection Services Agreement Commercial/Property Management

| Service Prov | rider: <u>Rainy Day Kennels LLC</u> |
|--------------|---|
| Client: | |
| Service Add | ress: |
| | |
| 1. Serv | ice Provided: |
| | Provider will provide professional canine bed bug detection services at Client s scheduled. Services may include: |
| • | Routine preventative inspections (monthly, quarterly, or as agreed) Targeted inspections upon complaint or suspicion of activity. Verbal reporting immediately after inspection and written reports delivered within 1-3 business days. Represent |
| • | Service fee: \$[per room/unit]. Routine contract inspections: \$[discounted or bundled rate if applicable]. Emergency/short-notice callouts: Additional \$ surcharge. Invoices will be issued [monthly/after each service] and are due within 15_ days. Late payments are subject to a [5%] monthly finance charge after each 30 days past due. |
| 3. Clier | t Responsibilities Ensure access to all units/room scheduled for inspection Notify tenants/residents at least [24-48 hours] in advance of inspection. |

• Designate a point of contact at accompany the canine team during service.

• Canine detection indicates presence or absence of bed bug odor; it is not pest

4. Limitations of Service

control treatment.

Page 1 of 2

- Service Provider is not responsible for eradication or costs related to infestation/treatment.
- Environmental factors may affect accuracy; follow-up inspections may be recommended.

5. Terms & Termination

- This Agreement is valid for ______ months/_____ year from the start date.
- Either party may terminate within 30 days of written notice.
- Unpaid balances must be settled before termination if effective.

6. Liability & Insurance

- Service Provider maintains liability insurance.
- Service Provider is not liable for tenant complaints, lost revenue, or treatment costs resulting from infestations.

7. Confidentiality

• Service Provider agrees to keep inspection findings confidential, releasing information only to Client unless otherwise required by Law.

| Signatures | |
|-------------------|-------|
| Service Provider: | Date: |
| | |
| Client: | Date: |