CANINE SM CONCIERGE ON-DEMAND SMILE DELIVERY

MEMORANDUM OF UNDERSTANDING

THIS AGREEMENT is executed on (Date)_____, by and between the ______ (from now on referred to as "Host Facility)." Canine Concierge Corporation (from now on referred to as ("Owner of the Therapy Animal"), collectively known as the "Parties," to establish and implement a Therapy Animal Visitation at (Host Facility).

WHEREAS, the Parties intend to provide the Host Facility with all completed and up-to-date paperwork that is necessary for the approval process so that the Owner of the Therapy Animal can participate in the Therapy Animal Visitation to provide participants (from now on referred to as "Participants") with the opportunity to receive social, emotional support.

IN ADDITION, the Parties are desirous of entering an understanding, thus setting out all necessary preparations that both Parties agree shall be necessary to complete the Therapy Animal Visitation Approval Process.

NOW, THEREFORE, in consideration of the mutual covenants from now on contained, the Parties hereto agree as follows:

I. <u>Scope of Agreement</u>

- This Agreement forms the basis of mutual understanding and respective responsibilities between the Host Facility and the Owner of the Therapy Animal.
- This Agreement will be for one day, with a review for the continuation of the Visitation at monthly intervals. Renewal of this Agreement and continuation of the Visitation will be subject to each Party signing the renewal agreement.

1. Host Facility agrees:

• To the extent the Host Facility can provide Participants with a safe setting to participate in a Therapy Dog Visitation. The Host Facility shall provide sufficient oversight of the Visitation to ensure that all required documents and training are completed and current.

CANINE SMILE DELIVERY

- To assist in implementing new Therapy Animal Visitations or to update old Therapy Animal Visitations to the Standards established in the Host Facility Policy and Guide.
- To provide a signed Animal-Assisted Therapy (AAT) Informed Consent Form for each patient participating in the Visitation.
- To display the Canine Concierge corporate sponsorship 6' x 3' banner in a high-trafficked area of the Host Facility.
- To complete the SurveyMonkey Customer Satisfaction review within 24 hours after the Visitation.
- To comply with all applicable laws and regulations.
- 2. Owner of Therapy Animal agrees:
 - To provide all required and current documents before set deadlines, which include: Host Facility Therapy Animal Appointment Reservation Form
 - Current Vaccination Record from a local Veterinarian.
 - Current Health Certification
 - Current Liability Insurance coverage. (Recommended coverage \$1MM)
 - Current Registration and Certification of the Handler
 - Current Certification and Registration of the Animal
 - Not to bring the Therapy Animal to the host facility without prior approval through the Host Facility and completed mandatory training, if applicable.
 - If an employee works with the administration to ensure parents are informed and consent to the proposed Therapy Animal Visitation.
 - If a volunteer (Non–Host Facility Employee) is the administration will ensure parents are informed and consent that an animal is visiting the host facility.
 - To inform the Host Facility in writing of any change in the Visitation or any limitations in the services you have agreed to.
 - To attend all mandatory training offered by the Host Facility
 - To ensure if the animal is sick that, it will not be brought to the Host Facility
 - To ensure that all rules and regulations the Host Facility establishes are followed.
 - To ensure the animal is always on a leash and never without the handler.

CANINE SM CONCLERGE

- To comply with all applicable laws, regulations, and Host Facility policies.
- Only to bring the Therapy Animal to the host facility with prior approval through the Host Facility and complete mandatory training, if applicable.
- If an employee works with the administration to ensure parents are informed and consent to the proposed Therapy Animal Visitation.
- If a volunteer (Non–Host Facility Employee) is the administration will ensure parents are informed and consent that an animal is visiting the host facility.
- To inform the Host Facility in writing of any change in the Visitation or any limitations in the services you have agreed to.
- To attend all mandatory training offered by the Host Facility.
- To ensure that if the animal is sick, it will not be brought to the Host Facility.
- Ensure that all rules and regulations the Host Facility establishes are followed.
- Ensure the animal is always on a leash and never without the handler.
- To comply with all applicable laws, regulations, and Host Facility Policies

II. Term of Agreement

- The Host Facility may terminate this Agreement.
- This Agreement shall be effective from ______ to _____.
- All provisions of this Agreement are separate and divisible, and if any part is held invalid, the remaining provisions shall continue in full force and effect.
- The certifying agency may also terminate this Agreement.

III. Insurance and Liability

• The Host Facility and the Owner of the Therapy Animal must secure and maintain comprehensive general liability insurance with the minimum amount stated above per occurrence. The Owner of the Therapy Animal must provide current proof of liability insurance to the Host Facility. Further, the Certificate of Insurance shall provide that the insurance may not be canceled, non-renewed, or subject to change in coverage or available limits.

CANINE SMILE DELIVERY

• The Owner of the Therapy Animal agrees to defend, hold harmless, and indemnify the Host Facility and its Directors, officers, employees, and agents against and from any loss, liability, damage, claim, cost, charge, demand, or expense (including any direct, indirect or consequential loss, liability, damage, claim, price, payment, demand, or cost, including and without limitation, attorneys fees) for injury or death of persons or animals, including employees of the Host Facility, and damage to property including the property of the Owner of the Therapy Animal, caused by the Therapy Animal.

IV. Assignment

Neither Party to this Memorandum of Understanding may assign or transfer the responsibilities or agreement made herein without the prior written consent of the non-assigning party, which approval shall not be unreasonably withheld.

HOST FACILITY OFFICIAL	OWNEI
BY:	BY:
Name: Title: Address:	Name: 1 Title: Di Address
DATE:	

OWNER OF THE THERAPY ANIMAL

Name: Michael H. Stokes Title: Director, Canine Concierge Corporation Address: 13800 Coppermine Road Herndon, VA 20171