



ST. DOMINIC VILLAGE
A Senior Care Community

For reservations: 713-440-3413
 To send by Fax: 713-748-8305
 To send by Email: towens@stdominicvillage.org

Angel House

Registration & Agreement Form

Non-Smoking Facility

Name _____

Responsible Party

Home Phone _____

Address _____

Cell Phone _____

City _____ ST _____ ZIP _____

Other Phone _____

Email Address _____

IDENTIFICATION: (Please provide your picture ID such as driver's license, passport for photocopying)

Copies made and place in file: Date completed _____ by _____

Daily Room Rate is \$65.00 per night

No. of Tenants _____ Name (1) _____ Name (2) _____

Limit 2 per Room

Occupant Name

Patient Name (if different)

Car _____

Year

Make

Model

Car License Plates _____

(free parking)

Plate No.

State

Your address while here at St. Dominic Village is:

**2401 E. Holcombe Blvd., Rm # _____
 Houston, TX 77021**

***Please continue on back page**

AngelHouse
Policies, Rules, and Practices

1. The nightly rental rate for this furnished room is currently \$65. Payment is due upon checkout or weekly for stays longer than 7 days.
**Meals are not included but can be purchased in our Dining Room*
2. We provide light housekeeping once per week. This does not include laundry services. You are responsible for washing your linens during your stay. If you are using the laundry, please be sure you are through by 9:00 p.m. in consideration of those trying to rest.
3. St. Dominic Village is a NO SMOKING community. For Angel House guests that do smoke, there is a designated smoking area outside of the administration building.
4. NO PETS are allowed in the rooms, including visitors' pets, unless it is a service animal.
5. By signing this contract, it is understood that you are renting this room for a patient and/or family member of a patient actively receiving treatment at the Texas Medical Center. This room shall be vacated whenever the patient no longer has weekly appointments with the doctor and/or is discharged.
6. This room may be occupied by a maximum of two persons. This room may not be rented out by the tenant nor occupied by an individual not directly involved with the care of the patient.
7. St. Dominic Village has a right to enter the room to respond to your request, make repairs and replacements, leave notices and to confirm residency.
8. You agree to indemnify, hold harmless and defend St. Dominic Village and its representative, employees, officers and directors from any and all losses, costs, expenses and damages including attorney's fees and court costs, incurred as a result of any personal injury, property loss, or damage caused by, or arising from, your occupancy of the room. You agree that this agreement may not be assigned, and you agree you cannot sublease this room.
9. You agree to abide by the St. Dominic Village House Rules, hereby made a part of this agreement, these rules in the Welcome Booklet in your room.
10. There is a \$100 fee for any key not returned to St. Dominic Village during checkout. This fee will be assessed to your credit card after departure.
11. There is a \$25 fee for any declined charges related to your credit card.

Please make checks out to: **St. Dominic Village**
We also accept:
MasterCard, Visa, Discover, and American Express

<p>This document confirms the agreement between St. Dominic Village and _____ and <i>Angel House Guest</i></p> <p>this agreement is accepted on _____ <i>Date</i></p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center; padding: 10px;">_____ Angel House Guest</td><td style="width: 50%; text-align: center; padding: 10px;">_____ St. Dominic Village</td></tr><tr><td style="width: 50%; text-align: center; padding: 10px;">_____ Phone Number</td><td style="width: 50%; text-align: center; padding: 10px;">_____ Phone Number</td></tr></table>		_____ Angel House Guest	_____ St. Dominic Village	_____ Phone Number	_____ Phone Number
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