

Personalized Home & Pet Care
Fairfield Ct.
203 767 3021

Date: _____

Owner: _____

Phone: _____

Address: _____

Contract for Pet Services

General

In order to ensure the safety of your PET, I ask that all arrangements/payments for their care be made in advance. All billing and scheduling in advance with a no refund policy upon confirmation. All keys to home must be furnished at this time. A new contract for every service not included in dates below will be needed.

Initials: _____

Emergency

Emergency calls will handle as follows:

Clients can call 24 hours a day 7 days a week.

Leave a detailed message of your needs. If you have not heard from me to confirm my availability consider the message not received.

Please try me again.

Payment is due immediately upon your arrival home.

TERM PET CARE

Start: _____

Finish: _____

Days Needed

M T W THU F SAT SUN

Times needed on each day

Keys received yes no

Medications yes no

Payment received yes no Cash Ck#

Emergency Contact

Information: _____

Contact name and phone

numbers: _____

Veterinarian Name and Number: _____

Jean Leibrock, or any person acting on my behalf for the welfare of your pet(s), agrees to try to contact you or your emergency contact in the event of an emergency. However, if the contact cannot be made, your signature indicates that I am authorized to administer any medication that you have given me or in the case of emergency the Veterinarian listed here feels is necessary for the treatment of this animal. You authorize any medications be reissued if needed and to have any reasonable emergency treatment performed by the Veterinarian at your expense.

Notes: _____

Signature: _____ Date: _____