

## PET CARE SERVICE CONTRACT

## **CLIENT INFORMATION**

Name:	Interview Date
Address:	
Directions:	
Total # of Pets in the Home: Dogs	Cats Birds Fish Cage Pets Other (please list)
Contact Information	
Home Phone:	Work Phone: E-mail:
Cell Phone:	Can you accept text messages: □Yes □No If yes, would you like to receive photos of your pets(s)
via text during your absence? □Yes □No	
Name & Address:	Phone: ( )
Hotel/where you will be staying:	bur cell phone and/or email, please provide your out-of-town lodging information below.  MUST have a telephone number or way to reach you.)
Date & hour leaving town:	Date & hour returning:
	□Other
In case of inclement weather or natural of	disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets?
	(Name, address and phone number.)
	urn and assume care of your pet(s), please list the name of the person(s) we should contact to take over the is determined by arrangements made in your will or other legal documents.
Please be sure that you have notified the persgiven their contact information.	son(s) below that you have listed them as your emergency pet guardianship contact and that we have been
Nama	Phone: (