



SERVICE CONTRACT (937) 269-5361 arkangelspetservices.com

Client	Infor	mation	
-			-

Cheft Informatio	11.				
Last Name:	Last Name: Cell Phone: ())	
			Work Phone: ()_		
Address:					
	(Street/PO Box)		(City/State)	(Zip)	
			(Location)	(Phone)	
Pet Information:					
Pet's Name:	Sex:	Age:	Type/Color/Markings		
Diet:	Feeding times:		Location of food/treats:		
Exercise:	Medical/S	Special N	eeds:		
Personality & Behavior P	roblems:	•	Vaccinations current?	Vac Na	
Notes:			v decinations current:	O Tes ONO	
Veterinarian:			(Phone)		
the above named pet. Should n	gency during my absence I give a	permission	for veterinary services to be provided by		
Pet Information:			Client Signature	Date	
Pet's Name:	Sex:	Age:	Type/Color/Markings		
Diet:	Feeding times:		Location of food/treats:		
Exercise:	Medical/S	pecial Ne	eeds:	-	
Personality & Behavior P	roblems:	•	Vaccinations current?		
Matan				○ Yes ○ No	
Veterinarian:					
`	ne) (Address)		(Phone)	(Directions)	
the above named pet. Should m recommended by a veterinarian	gency during my absence, I give p y veterinarian of choice be unava of their choice. I will be solely re	ermission ilable, I au esponsible	for veterinary services to be provided by athorize ARK Angels to approve emergen for all expenses.		

Client Signature

Pet information :		
Pet's Name:	AD	e: Type/Color/Warkings
Diet	Feeding times:	Location of food/freats:
Personality & Behavior Problems:		Vaccinations current? OYes Oto
NOTE CONTROL OF THE PROPERTY O	меторы для менянення маска закреще для беспасавающей уберат ученый ократической режения рымке выполняем меняне	
in the event of a medical emergency	during my absence, I give per Should my welefinarian of chil	(Phone) (Directions) mission for veterinary services to be provided by the above lice be unavailable, I authorize ARK Angels to approve if their choice. I will be solely responsible for all expenses
		Client Signature Date
Pet Information:		
Pel's Name:		
	Feeding imes:	Location of foodkreats:
Exercise Needs:	Medical/Special Needs	
Personality & Behavior Problems: _		Vaccinations current? Yes No
NOVEST	Andrian an entitleting service designs remainded for Emilys van Andrian Controlled and Emily and Emily and Emily	
In the event of a medical emergency	y during my absence, i give per Should my veletination of ch	(Phone) (Directions) mission for veterinary services to be provided by the above toice be unavailable, I authorize ARK Angels to approve of their choice. I will be solely responsible for all expenses
77 4 C C		Client Signature Date
Pet Information :		
		Age: Type/ColorMarkings
Fine a STAN PRODUCE CONTINUES CONTIN	Feeding times:	Location of food/reals:
Emise Meeds:	Medical/Special Needs	
Personality & Behavior Problems:	- After Book After Annue and Land Annue and Conference and Confere	Vaccinations current? OYas Oldo
NOTOS:	distribution of the second of	
Veterinarian: (Name)		(Phone) (Directions)
nemed not for the atmen named to	a. Should my velefinarian of C	ermission for veterinary services to be provided by the above hoice be unavailable, I authorize ARK Angels to approve of their choice. I will be solely responsible for all expenses

SERVICE CONTRACT Page

Client Signature

Date

SERVICE CONTRACT

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Services to be	Performed as Negotiated by C	Contract (check all that a	apply):	
Feed and W	lnside/Outside Plants Watered	S Drapes/Blinds Switched Open/Close	\bigcirc	TV/Radio Switched On/Off	
Exercise/Wa	Inside/Outside Lights Switched On/Off	s Newspaper?Mail Brought In	\bigcirc	Trash out for pick-up:	
Pets Kept (Secured wh			\bigcirc	Other:	
\$	# of dogs: #cat(s) Approx Time of visits: SPECIAL NEEDS CARE:	, ,-			
\$	Specify services: MID-DAY DOG SERVICES	ann ong september y om historia and selement endpendent op bety fill selement of the selement	School Spring of Laboratory		
\$	#dogs: Days of week	ek: SuMTWThFSa Approx.	time o	f visits:	
\$	DOG TRAINING: Specify Needs	ds:			
\$	GAS SERVICE CHARGE				
\$	MILEAGE: miles x \$	per mile			
\$	TOTAL SERVICE FEES PER VISIT				
reservations for s The client agr scheduled service pet sitter makes a Client also agree As owner of t injury or damage training or behav sitter harmless fr to use best judge I will reimburse A service charges a and agree to all of	Service Contract to be valid approval to services and enter my premises without sees to notify the pet sitter no later than est or if returning home earlier than anticating to the home. If the need arises for sit of the pet sitter prior notice, the before-named pet(s), I fully understate to any person, or persons, animal or a sit or of said pet(s) as well as from any new and against any Damages; 3) in the sement in caring for my pet(s) and home assessed; 5) I authorize ARK Angels to of the terms of this service contract.	at additional signed contracts or 2 hours prior to the next schedicipated. A fee of \$15.00 will be for pet sitting services to continuant and and agree that: 1) the contranimals, or to any property, how negligence on the part of the pet see event of inclement weather or e and shall be held harmless for emergency medical treatment, no perform the services as outlined.	written uled ho e charg e past racted ever ca owner natura conse eeded ed in th	agreements. ome visit if it's necessary to candled if notification is not given anothe anticipated ending date, The pet sitter shall not be liable for a caused, which results from the call (Damages); 2) I will hold the poll disaster, ARK Angels is entrusquences related to such decision pet supplies, plus any additional	d the e any are, et sted ons;
Owner's Signatu	re	Date	-		
Pet Sitter's Signa	ature	Date	-		
		Additional page(s)	attacl	ned? Yes No	\mathcal{L}