

Ark Angels Pet Care, LLC PET CARE SERVICE AGREEMENT

Source of Referral: _____

Scanned/Date : _____

Client Information:

Client Name: _____ Home #: _____

Spouse's Name: _____ Cell #: _____

Address: _____ Work #: _____

Zip: _____ Email: _____

Phone # or Email to use for updates: _____

How often should we check in with you? _____

Amount Charged/Visit _____ How Many Visits/Day _____

Times Preferred: _____ am _____ mid-day _____ pm

Pet Information:

Pet's Name	Sex	Type of Pet	Age	Biting	Personality	Health Issues	Meds Y/N

Ark Angels Pet Care, LLC PET CARE SERVICE AGREEMENT

Instructions:				
Feeding Directions and Food Location	Leash Location	Treats/Toys	Litter & Brushes	Cleaning -Towels/Misc
	Bowl Location	Pet Containment/ Crates	Bags	Pet Carriers for Transport

House Care:

Plant Watering: Yes <input type="checkbox"/> No <input type="checkbox"/>	Rotate Blinds: Yes <input type="checkbox"/> No <input type="checkbox"/>
Newspaper: Yes <input type="checkbox"/> No <input type="checkbox"/>	Switch Lights: Yes <input type="checkbox"/> No <input type="checkbox"/>
TV / Radio on: Yes <input type="checkbox"/> No <input type="checkbox"/>	Mail: Yes <input type="checkbox"/> No <input type="checkbox"/>

Water Shut Off:

For Emergency Repairs:

Alarm System Instructions:

Security Co. Name:	Phone No.
_____	_____
Key Pad Location:	

Alarm Code:	Alarm Password:
_____	_____
Instructions to Enter:	Instructions to Leave:
_____	_____



Ark Angels Pet Care, LLC

PET CARE SERVICE AGREEMENT

Current Veterinarian Information:

Veterinarian Hospital: _____ Phone #: _____

Address: _____ Emergency #: _____

Doctor Preferred: _____ Vaccinations: Yes No

Closest Emergency Hospital: _____ Phone: _____

Address: _____ Records on File: Yes No

Medication Instructions: As of Date:

Pet's Name	Med Name	# of times per day/amount given	Medical Problem	Instructions on how to give meds

Ark Angels Pet Care, LLC PET CARE SERVICE AGREEMENT

Emergency Contacts:

In the event of an emergency call Client's cell number first, then call below.

Friend:

Relative:

Location:

Relation to Client:

Phone:

Location:

Cell:

Phone:

Cell:

Neighbor:

Person w/spare key (Not AAPC)

Phone:

Phone:

Cell:

Cell:

Key Agreement Choice:

- Option 1 – Security Key Agreement
- Option 2 – Key Pick up/drop off Agreement

Pet Owner Signature:

Date:

AAPC Signature:

Date:

Rev 8/2016 NSZ