

Ark Angels Pet Care, LLC PET CARE SERVICE AGREEMENT

Source of Referral: _____

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

Instructions:				
Feeding Directions and Food Location	Leash Location	Treats/Toys	Litter & Brushes	Cleaning - Towels/Misc

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	Bowl Locatio n	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:

Current Veterinarian Information:

Veterinarian Hospital:

Phone #:

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Address:		Emergency #:	
Doctor Preferred:		Vaccinations:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Closest Emergency Hospital:		Phone:	
Address:		Records on File:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medication Instructions: As of Date:

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

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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:
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: _____

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