P.A.W.S. PROFESSIONAL ANIMAL WATCHING SERVICE PO BOX 54

WESTBOROUGH, MA 01581

www.pawspetsitting.net

pawspetsitting@cs.com 508-792-3631 NEW CLIENT INFORMATION

Name
Home Phone
Business PhoneCell Phone
Address
E-mail address
Would you like invoices sent via e-mail yes no
Would you like invoices sent via e-mail yes no
, , , , , , , , , , , , , , , , , , , ,
Dates of service needed:
Phone number where you can be reached while away
Those number where you can be reached white away
Emergency contactPhone
Emergency contact1 none
Should your pet sitter expect any other person in your home during his or her
visits?
If so who
D-4(-)
Pet name(s)
Feeding instructions
Other instructions
Veterinarian
Would you like your key kept on file with PAWS?
Left on final visit
Return or pick up key fee: \$5

Mail brought in	Plants watered
Any further instructions or comme	ents:
While pets are under the care of P	PAWS, the parties hereto agree as follows:
. Fee per visit	
2. Any additional visits performe Visits, additional food or supplie	d shall be paid at the agreed contract rate. All necessary vets shall be paid by the client.
	walks may be canceled prior to 8am the day of service. ired for vacation pet care agreements.
Manner. In consideration of the Waives and relinquishes any an	ervices stated in this contract in a reliable and trustworthy ese services and as an express condition thereof, the client and all claims against PAWS, and its employees, unless part of PAWS or its employees.
Date	PAWS
Date	Client