



SERVICE CONTRACT

Shawn Amerlinck A.H.T., R.V.T
 Owner/Operator
 Certified & Insured
 Company Cell 226-346-PETS (7387)
www.mypetsbutler.ca
shawn@mypetsbutler.ca
 Fax 519-956-8182

CLIENT INFORMATION

Name(s): _____ Home (519) _____
 Address: _____ Mobile (519) _____
 City: _____ Email: _____
 Postal Code: _____

How Did You Hear About My Pet's Butler? _____

Would You Like Your Pet(s) Photo Taken? YES NO

SERVICE DATES AND FEES

Service Begins: _____ Service Ends: _____
 (Date/ 1st Visit) (Date/ Last Visit)

Client must notify My Pet's Butler shall you return home early in order to avoid extra charges for unnecessary visits

MON	TUES	WED	THUR	FRI	SAT	SUN	# OF VISITS

OR PREFERRED VISIT TIMES: _____

Initial Consult: Complimentary 30 minutes
 Minimum Charge/Visit: \$30.00 1st visit
 \$55.00 2nd visit
 \$25.00 each return visit
 Key Return Fee: \$10.00

I agree to pay the fees as totalled here: \$ _____ X # _____ + km _____ + HST = TOTAL FEE \$ _____
 (Rate) (# of Visits) (.40c/km)

Payment: Cash Cheque Visa Master Card E-Transfer

Any additional visits made or services provided shall be paid for at the agreed contract rate.

ALARM/SECURITY INFORMATION

Garage Code:
Alarm Code:
Door to Enter From:
Alarm Company Name & Phone: _____

KEY INFORMATION

Key Received and Tested? Yes No

Key Kept on File? Yes No

Note: If a client requests to have their key left outside their residence, My Pet's Butler will not be held liable for any unauthorized entry. If it should happen that My Pet's Butler is required to call a locksmith to gain entry into a client's home due to a malfunction of the lock or a failure of the client to leave a key, it will be the responsibility of the client to reimburse My Pet's Butler for all costs incurred. The client gives My Pet's Butler the authority to hire a locksmith on the client's behalf in the event of the above mentioned occurrences.

PET PROFILE

1) **Pet's Name** _____
D.O.B _____
Sex M F
ID Markings: _____
Hiding Places: _____
History of Illness or Biting: _____
Vaccinations Current: Yes No

Breed: _____
Color: _____
Personality _____
Spay /Neutered Yes No

Does Your Pet Try To Escape? Yes No
Restrictions (Indoors Only?) Yes No

2) **Pet's Name** _____
D.O.B _____
Sex M F
ID Markings: _____
Hiding Places: _____
History of Illness or Biting: _____
Vaccinations Current: Yes No

Breed: _____
Color: _____
Personality _____
Spayed/Neutered Yes No

Does Your Pet Try To Escape? Yes No
Restrictions (Indoors Only?) Yes No

3) **Pet's Name** _____
D.O.B _____
Sex M F
ID Markings: _____
Hiding Places: _____
History of Illness or Biting: _____
Vaccinations Current: Yes No

Breed: _____
Color: _____
Personality _____
Spayed/Neutered Yes No

Does Your Pet Try To Escape? Yes No
Restrictions (Indoors Only?) Yes No

Additional comments about your pet's habits or behaviour that would be useful to us in providing care:

FEEDING INSTRUCTIONS

1.) **Pet's Name** AM PM

How Often Does Your Pet Eat? 1x Daily 2x Daily Free Choice Scheduled
 Food & Water Location: _____
 Treats: Yes No

Special Feeding Instructions:

2.) **Pet's Name** AM PM

How Often Does Your Pet Eat? 1x Daily 2x Daily Free Choice Scheduled
 Food & Water Location: _____
 Treats: Yes No

Special Feeding Instructions:

3.) **Pet's Name** AM PM

How Often Does Your Pet Eat? 1x Daily 2x Daily Free Choice Scheduled
 Food & Water Location: _____
 Treats: Yes No

Special Feeding Instructions:

MEDICATION INSTRUCTIONS

Pet's Name	Medical Condition	Medication	# of times/day	# of days

SERVICE(S) OFFERED

- | | |
|--|---|
| Administer of Prescribed Medication <input type="checkbox"/> | Dog Walking/Playtime/Exercise <input type="checkbox"/> |
| Injection of Prescribed Medication <input type="checkbox"/> | Pet Shuttle <input type="checkbox"/> |
| Nail Trim <input type="checkbox"/> | Prescription/ Pet Supply Pick-Up <input type="checkbox"/> |
| Minor Grooming /Sanitary Clip <input type="checkbox"/> | Poop n Scoop <input type="checkbox"/> |
| Ear Pluck/ Ear Clean <input type="checkbox"/> | Daily Feeding/Fresh Water <input type="checkbox"/> |
| Brief- In Home Security Check <input type="checkbox"/> | In-Home Bathing (Towel Dry) <input type="checkbox"/> |
| | Cat Playtime/Exercise/Litterbox <input type="checkbox"/> |

JUST FOR CATS – LITTERBOX DETAILS

of Litterboxes: 1 2 3 4
 Location(s): _____
 Waste Disposal: _____

Veterinarian Preference

If any of the pets named above becomes ill or is injured, I request that My Pet's Butler take the pets to:

Dr. _____.

Veterinary Hospital : _____.

Phone (519) _____.

If Veterinary hospital named above is not available, I authorize My Pet's Butler to take my pet(s) to Walker Road Animal Hospital or Lauzon Veterinary Hospital (24 Hour Clinics)

*** Please leave credit card information at the Vet's for billing purposes***

EMERGENCY CONTACTS

(Mandatory!!) Location and phone # where you can be reached _____

If you cannot be reached - In case of emergency please contact:

Name	Home #	Work #	Cell #

By signing this contract I agree to the Terms, Conditions and Policies that were provided to me. I understand to its entirety the contents of this contract and acknowledge that by signing below I take full responsibility for prompt payment on completion of contract and give My Pet's Butler permission to transport my pet(s). If I have any questions about the above I will contact My Pet's Butler before services begin.

By signing this contract client agrees that it is valid approval for all future services by My Pet's Butler. Also, to accept all future telephone or email reservations and to enter their home without any additional written authorization. This document covers all pet(s) owned by the client presently and all new pet(s) they may obtain in the future after the date this form is signed.

(Date)

(Client Signature)

(My Pet's Butler /Owner Signature)

