

Pet Shuttle Contract

Shawn Amerlinck A.H.T., R.V.T

Owner/Operator

Certified & Insured

226-346-PETS (7387)

www.mypetsbutler.ca shawn@mypetsbutler.ca

Pet Name(s):			
Pet Owner:			_
Address:			
Contact Number(s):			
Type of Appointment?	□ Pet Salon □ Veterinarian	□ Other	
Date & Time of Appointm	nent?		
Name of Facility Where Pet(s) are Being Picked Up or Shuttled?			
	e fee as totalled here: \$ / Pet's Butler to pick-up the Pe	+ HST = TOTAL FEE \$ et(s) listed and shuttled to or pick-u _l	p from the
type of service reques	sted and payment of such serv	ements with the above named Facilivice. I understand that My Pet's But d to my pet by the above named Faciline services provided.	ler cannot
(Date)	(Client Signature)	(My Pet's Butler/Owner Sig	gnature)