

Service Contract - Pet Sitting

New Jersey Pet Care, LLC

Please remember to call our office at (973) 585-4890 as soon as you return from your trip.

Client Information:

Name: _____

Vacation Details:

Date leaving: ____/____/____

Time: _____ AM PM

Date returning: ____/____/____

Time: _____ AM PM

Flight information: _____

Name of where you will be staying: _____

Primary number where you can be reached: (____)____-_____

Secondary number where you can be reached: (____)____-_____

Dates: ____/____/____ - ____/____/____

Name of where you will be staying: _____

Primary number where you can be reached: (____)____-_____

Secondary number where you can be reached: (____)____-_____

Dates: ____/____/____ - ____/____/____

Name of where you will be staying: _____

Primary number where you can be reached: (____)____-_____

Secondary number where you can be reached: (____)____-_____

Dates: ____/____/____ - ____/____/____

Service Information:

Start Date: ____/____/____

Number of visits on first day: _____

End Date: ____/____/____

Number of visits on last day: _____

Daily number of visits required: _____

Number of pets: _____

Time of day: Daily Times Below Overnight (7:00p – 7:00a)

Feeding Details:

Feeding instructions: _____

Additional Services:

Mail Paper Alter Lights Alter Blinds Water Plants _____
 Other _____

Medicine instructions: _____

Miscellaneous:

Special comments/instructions: _____

New Jersey Pet Care agrees to provide services from ___/___/_____ through ___/___/_____.

Total number of visits ____ at \$_____ each, for a total of \$_____ due on or before ___/___/_____. Services will be performed in accordance with the instructions contained herein. The client waives any claims against New Jersey Pet Care unless New Jersey Pet Care is negligent and does not perform as agreed herein.

X _____
Client Signature

Date: ___/___/_____

X _____
New Jersey Pet Care Signature

Date: ___/___/_____