

Service Contract – Taxi Service

New Jersey Pet Care, LLC

Client Information:

Name: _____

Home phone: (____)_____-_____

Service Information:

Number of pets: _____

Destination: Medical facility Groomer Daycare

Other _____

Destination name: _____

Date required: ____/____/____

Pickup time: _____ AM PM

Appointment time: _____ AM PM

One way Round trip

Number where you can be reached: (____)_____-_____

Secondary number: (____)_____-_____

Miscellaneous:

Special comments/instructions: _____

New Jersey Pet Care agrees to provide services on ____/____/____.

Statements are generated at the end of each week for services provided the prior Monday - Sunday. Payment is due in accordance with the invoice, without set off or deduction within thirty (30) days of the invoice date. Payment can be picked up by NJ Pet Care or mailed directly to the office at:

New Jersey Pet Care
35 Deerhaven Lane
Newfoundland, NJ 07435.

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: ____/____/____