

Service Contract - Dog Walking, Reinforcement & Puppy Care

New Jersey Pet Care, LLC

Client Information:

Name: _____

Home phone: (_____)_____-_____

Service Information:

Service type: Dog Walking Puppy Care Obedience Reinforcement

Number of pets: _____

Dates required: _____

Time of day: 7:00a – 9:00a 9:00a – 12:00p 12:00p – 3:00p
 3:00p – 6:00p 6:00p – 8:00p

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

Secondary number: (_____)_____-_____

Feeding Details:

Does your pet(s) require a feeding during our visits? Yes No

Feeding instructions: _____

Medication Details:

Does your pet(s) require medication during our visits? Yes No

Medicine instructions: _____

Miscellaneous:

Special comments/instructions: _____

New Jersey Pet Care agrees to provide services at the rate of \$_____ per visit.

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 _____ Date: ____/____/____
Client Signature

X _____ Date: ____/____/____
New Jersey Pet Care Signature