

My Comfy Pet
P.O. Box 114
Franklin Square, NY 11010
516-616-6236
mycomfypet@aol.com

Service Contract

TELL US ABOUT YOU:

Your Name _____

Address: _____

City, State, Zip _____

Mailing Address: _____

TELEPHONE NUMBERS:

Home _____ Work _____ Cell _____

Primary Email address _____

How did you hear about us? _____

PET INFORMATION: (also see additional Pet Information)

Name: _____ Breed : _____

Age: _____ Description: _____

Male/Female: _____ Fixed?: _____ Weight: _____

Special Feeding Instructions (include times and amounts): _____

Is this pet strictly indoors/outdoors or both: _____

If pet requires being taken outdoors, how often and for how long? _____

Does your pet have a favorite hiding places either indoors or outdoors? _____

Does your pet know any commands? (sit, down, stay, come): _____

Has your pet ever bitten a human being or another animal?: _____

If yes, what were the circumstances?: _____

What are some of your pets favorite activities? _____

Does your pet(s) have a favorite toy? _____

May we give your pet(s) toys to play with? _____

VETERINARIAN FACTS:

Veterinarian, Hospital or Clinic: _____

Complete Address: _____

Daytime Telephone: _____ After Hours: _____

Are all your pets treated by this veterinarian? _____

Date of pets last rabies vaccination: _____

Please list all health concerns for this pet. Include minor injuries such as scratches and major illnesses such as epilepsy, deafness, etc): _____

Does this pet receive any medication routinely?: _____

If yes, please list medication, dosage and times administered: _____

Does your pet suffer from separation anxiety?: _____

How does your pet respond to being in the car? _____

LOCATION OF ITEMS

Dry pet food is stored: _____

Wet food is stored: _____

Treats: _____

Medication: _____

Grooming Supplies: _____

Litter box / Litter / Scoop: _____

Crate: _____

May we feed your pet(s) treats, food or bones other than what you currently have in your home? _____

IN CASE OF EMERGENCY:

Where is the location of the following items?

Main circuit breaker? _____

Main water shut off: _____

Main gas shut off: _____

Flash lights: _____

All people who have a key or access to your home, include telephone numbers: _____

Contact Information

Under what circumstances do you wish to be contacted while you are away from home?
Please check all that apply:

Missing pet ___ Sick pet ___ Household Emergency ___ Any ___

While you are away, it is imperative that I am able to contact you for an emergency. Although you may have listed your cell phone on the first page, I request the name and number of someone who lives locally whom you have authorized to make decisions on your behalf relating to you, your pets and your home. Please advise this person that you have listed them as your emergency contact person and be sure to tell them specifically when you will be away. You also allow My Comfy Pet employee to bring your pet to the vet or treat any emergency for the safety of your home, pet or employee.

Name: _____ Number _____

Dates of Service Requested: _____

Fee due the start date of service: _____

By signing your name below, you are acknowledging that you have read, understand and agree to all parts of this contract, and have given the keys to your house to an authorized employee of My Comfy Pet to enter your property to provide service as listed above. My Comfy Pet and its employees will not be held liable/responsible for any animal biting or hurting any human or animal.

Print Name: _____

Sign Name: _____

Date: _____

Gave Keys Back: Signature : X _____

Keys Kept : I authorize My Comfy Pet to Keep my keys
Signature : X _____
Date: _____