

**PET PALS OF ATASCOCITA SERVICE CONTRACT**

5926 Matt Road  
Humble, TX 77346  
281-361-4799  
Fax: 281.360.0032

[www.petpalsofatascocita.com](http://www.petpalsofatascocita.com)

Please print, fill-out in its entirety, and fax to PetPals, or have ready when PetPals arrives.

**CUSTOMER INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Date of Appt: \_\_\_\_\_  
Sub-division: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
Date & time leaving town: \_\_\_\_\_ Date & time returning: \_\_\_\_\_  
Preferred Contact Method: \_\_\_\_\_  
Vet: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Pet Carrier Available \_\_\_\_\_  
Preferred Times to Visit: \_\_\_\_\_ Number of Visits Per Day \_\_\_\_\_  
Alarm Y N Code \_\_\_\_\_ Password \_\_\_\_\_ Company's Name/Phone \_\_\_\_\_  
Arm: \_\_\_\_\_ Disarm: \_\_\_\_\_  
Anyone else with key or access to home (yardman, maid, relative)? \_\_\_\_\_

**PET CARE INFORMATION**

Name	Age	Sex	S/N	Breed	AM Diet	PM Diet	Meds	Color/ID marks

Pet Food/Treats Located \_\_\_\_\_  
Fears/Behaviors \_\_\_\_\_ Favorite Places in House \_\_\_\_\_  
Daily Exercise \_\_\_\_\_ Current on Shots \_\_\_\_\_  
Litter box \_\_\_\_\_ Cleaning Supplies \_\_\_\_\_  
Pet Pals has my permission to use photos of my pet. Y N  
Will pet care responsibility be shared with anyone else during your absence? \_\_\_\_\_  
Will anyone else be entering home/premises while under our care? Y N

**HOME CARE INFORMATION**

Water Plants \_\_\_\_\_ Alternate Lights \_\_\_\_\_ Mail \_\_\_\_\_ Mailbox # \_\_\_\_\_  
Newspaper \_\_\_\_\_ Curtains/Blinds \_\_\_\_\_ Garbage \_\_\_\_\_ Other \_\_\_\_\_  
2 Keys received and tested \_\_\_\_\_ Key Return Instructions \_\_\_\_\_

Where did you hear about PET PALS? \_\_\_\_\_

## Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize urgent veterinary treatment in the event that your pet(s) require urgent treatment during your absence and we are unable to contact you at the time. Should you change Vets please notify PetPals of Atascocita before service dates. Every effort will be made to contact you before obtaining emergency care.

Client Name: \_\_\_\_\_

To Whom It May Concern: I have contracted for services from PetPals of Atascocita and its representatives to act on my behalf to transport and request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s).

Special Instructions: \_\_\_\_\_

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PetPals of Atascocita reserves the right to utilize the services of any available veterinary clinic. If time permits, PetPals will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Primary Veterinary Clinic: \_\_\_\_\_

Telephone: \_\_\_\_\_

I authorize you to treat my pet(s), and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date Signed

