

Pet care contract



Information of the owner/holder

Name: _____

Phone: _____

Email: _____

Address: _____

Name and phone number of Backup person: _____

Pet

Male Female Neutered

Name: _____ Breed: _____

Day of birth: _____ Weight: _____

Chip number: _____ Vaccinations valid: _____

Special food: _____ Brand: _____

Feeding: _____

Other things to consider: _____

Care period

Starts: _____ Ends: _____

Extra services: _____

Price: _____

Pet's own Materials and equipment: _____

Playtime with other dogs: Yes No Visit done: _____

Use of image and video material on company's social media: Yes No

I have read and I accept the terms of the treatment agreement:

Signatures

Date: _____

Customer: _____

SleepInn Oy: _____

At your pet's service