



INVOICE

Joy Of Pets

Professional Pet Care

952-270-2267

www.joyofpets.com

e-mail: info@joyofpets.com

Date: / /2010

Name:
 Address:
 City, State/Zip:
 Phone No:
 Pet(s)___ / ___ dog(s) ___ cat(s) Other:

Please make checks payable to
 Joy Of Pets

DESCRIPTION	Visits per day/# of days	RATE per visit	AMOUNT
First visit on _____ AM__ Midday __ PM__ LE__	/		
Last visit on _____ AM__ Midday __ PM__ LE__	/		
Key return \$10/Misc. services	/		
Holiday rate : \$15 flat fee			
Total Due			
Upon reserving your dates we require full payment.	Amount Paid		

Scheduled date and time of your return _____ **AM/PM** Please advise us once you are home. If we do not hear from you we will continue providing service until you advise us to stop. You will be billed for any additional visits we make, so please do not forget to call us, no matter what the time may be. If we do not answer leave a message telling us that you are home. We do check our messages before starting AM rounds.

Services will be performed in accordance with the service contract. The client waives any claims against *Joy Of Pets*, it's representatives, , unless *Joy Of Pets*, our representatives, are negligent and do not perform as agreed herein or as agreed in the Service Contract. The client will be responsible for any veterinary cost if services are rendered during the contract term. The client agrees not to hold *Joy Of Pets*, our representatives, responsible for any injury while the pet is outside, if at the clients request, the pet is allowed to stay outside during the sit.

 Client Signature DATE

 For Joy Of Pets DATE