

ALL4PAWS



Key holding authorisation

Customer Name:

Home Address:

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Email Address:

Primary Contact no:

Emergency Contact:

Emergency Contact No :

Number Of Keys Provided: Front Door/Back Door

I the undersigned agree that for All4paws to gain access to my property to collect or care for my pet/s I have provided keys as detailed above.

I understand that the key/s will only be used to gain access on arranged days the keys will be returned to myself upon termination of this agreement

Signature: Date:

Keys returned to property owner by termination of this contracted service from All4paws

Customer signature: Date:

All4paws Signature: Date: