

KEY SAFE ENROLLMENT FORM

Please be assured that all of your personal information will be kept confidential by Petopia and will not be shared with any third party organizations without your prior consent.

Owner Information

Client's Name: _____

Mobile Number: (____) _____ Home Phone Number: (____) _____

Home or Primary Address Information

Street: _____ Apt/Unit Number: _____

City: _____ Postal Code: _____

Please indicate whether your door is self-locking: Yes No

Authorization

I, _____, hereby authorize Petopia to keep two (2) house keys on file so that pet care visits can be made within minimal notice. I understand that there is no cost to enrol in the Key Safe program.

Name (please print): _____ Signature: _____

Date: _____ Attest: _____

