

SICK LEAVE CARD

(Please Print or Type)

CVI 2: Route Card

Customer Name: _____ Phone Number _____

Address: _____

City: _____ Zip: _____ Map Book: Page _____ Section _____

Dog: Yes ___ No ___ Name: _____ Temperament: _____

Is The Dog a Runner: _____ Type of Service: Full Service ___ Chemical/Filter ___ Chem Only ___

Chemicals: _____ Conditioned: _____

Preferred Day _____ Padlock Combination or Key Location: _____

Specific Customer Requests: _____

Other Remarks: _____

_____ Tape Key Here

IPSSA Member: _____ Phone Number: _____



I have waived any and all claims against IPSSA, Inc., IPSSA Management Company, IPSSA's chapters and/or its individual members arising out of my participation in the IPSSA Sick Route Plan, including, but not limited to, claims for lost income resulting from improper maintenance performed by IPSSA members. _____
(Initial)

Covering Member: Please return card to sick member upon completion of sick route coverage.

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