

Sick Leave Card (Please Print or Type)**CVI 2B: Route Card**

| | | | |
|-------------------------------|--|--------------------------------------|---------------------------|
| Customer Name: | | Phone Number: | |
| Address: | | | |
| City: | | Zip: | Map Book: Page Section |
| Dog: Yes _____ No _____ Name: | | Temperament: | |
| Is the dog a runner? | Service Type: Full ____ Chem/Filter/Brush____ Chem/Filter ____ Chem Only____ | | |
| Chemicals: | | Conditioned: | |
| Preferred Day: | | Padlock Combination or Key Location: | |
| Specific Customer Requests: | | | Tape Key Here |
| Other Remarks: | | | |
| 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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