



Wags to Whiskers
Pet Sitters

Service Request Form

Client Name: _____	Pets: _____
Street Address: _____	_____
City / St / Zip: _____	_____
Best Contact #: _____	_____

Date/Time Service Begins: _____	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day
Date/Time Service Ends: _____	<i>Note: Cat visits can only be scheduled daily.</i>

Details	Visit Type	Length	Visit Rate	# of Visits	Total
Morning			X	=	
Afternoon			X	=	
Dusk / Night			X	=	
Subtotal					
Additional Charges / Discounts					
Total Deposit Due					\$

<i>How may we reach you while away?</i>	<i>Trip Description /Hotel/ Expected Visitors To Your Home</i>
Phone: _____	_____
Email: _____	_____
Other: _____	_____

Tasks:	Special Notes:
<input type="checkbox"/> Walk Dog(s) and/or Cat(s) Visit	_____
<input type="checkbox"/> Feed & Water	_____
<input type="checkbox"/> Medication / Vitamins	_____
<input type="checkbox"/> Clean Litter Box	_____
<input type="checkbox"/> Water Plants	_____
<input type="checkbox"/> Bring in Mail	_____
<input type="checkbox"/> Adjust Blinds & Lights	_____
<input type="checkbox"/> Trash to Curb	_____

This request must be confirmed in advance by **Wags to Whiskers Pet Sitters** and a Signed Copy must left for pet sitter. By submitting this request, I agree to all terms as stated on the Service Agreement.

Client Signature: _____ Date: _____