



Service Request

Pets:

Client Name: _____

Best Way to Contact You Today: _____

Contact At: _____

<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Weekdays
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Service Begins:	/ /	Time:	
Service Ends:	/ /	Time;	

Details	Visit Time		Rate	Travel Fee	Cost/Visit	# of Visits	Total
Morning	a.m.		+		X	=	
Afternoon	p.m.		+		X	=	
Dusk	p.m.		+		X	=	
Night	p.m.		+		X	=	
Subtotal							
Additional Charges							
Discounts							
Total Deposit Due							

How may we reach you while you are away?	Trip Description/Hotel/Notes & Visitors Expected
Phone: _____	
Email: _____	

Tasks	Special Notes & Other Tasks
Email Log/Notes	
Walk Dog	
Feed	
Pill / Shots	
Injections	
Clean Litter Box	Payment Method
Take Out Trash	Pay Date

This request **must be confirmed** by Peace of Mind Pet Sitters and a Signed Copy must be left for the pet sitter.
 By submitting this request, I agree to all terms as stated on www.peaceofmindpetsitters.biz.
 If you have any questions please call 801.656.8296

Signature: _____ Date: ____/____/20__