



## Service Request

Pets:

Client Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Expected Return Time: \_\_\_\_\_ a.m./p.m.

Details	Visit Time		Rate	Travel Fee	Cost/Visit	# of Visits	Total
Morning	a.m.		+	\$	\$		\$
Afternoon	p.m.		+		\$		\$
Dusk	p.m.		+		\$		\$
Night	p.m.		+		\$		\$
Subtotal							\$
Total Deposit Due							\$

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

**Tasks**

**Special Notes & Other Tasks**

Daily Notes	Walk Dog(s)	Feed / Water	Medication	Clean Litter Box	Take Out Trash	Alt. House lights	Bring in Newspaper	Bring in Mail	Brush Pet	
						Payment Method	Check #	Cash		
						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](http://www.peaceofmindpetsitters.biz).  
 If you have any questions please call 801.656.8296  
 Please make checks payable to: Peace of Mind Pet Sitters

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_