



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:	

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
<input type="checkbox"/> Daily Notes	
<input type="checkbox"/> Walk Dog(s)	
<input type="checkbox"/> Feed / Water	
<input type="checkbox"/> Medication	
<input type="checkbox"/> Clean Litter Box	
<input type="checkbox"/> Take Out Trash	Payment Method Check #
<input type="checkbox"/> Alt. House lights	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
 Please make checks payable to: Peace of Mind Pet Sitters

Signature: _____ Date: ____/____/20__