



## Service Request

Pets:

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

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

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

|                                |  |                                   |
|--------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Every Other Day | <input type="checkbox"/> Weekdays |
|--------------------------------|--|-----------------------------------|

|                 |     |       |  |
|-----------------|-----|-------|--|
| 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    | Payment Method              | Check # | Cash |
| 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](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: \_\_\_\_/\_\_\_\_/\_\_\_\_