



Best Friend Pet Services – Pet Sitting Service Request

Name: _____ Pet Name: _____

Enter V or R* / and Desired Time	Week 1						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date							
Morning	/	/	/	/	/	/	/
Afternoon	/	/	/	/	/	/	/
Evening	/	/	/	/	/	/	/

Week 2						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/

Week 3						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/

Week 4						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
/	/	/	/	/	/	/
/	/	/	/	/	/	/
/	/	/	/	/	/	/

*Type of Visit	# of Visits	Rate	Extras	Total
Value		\$16.00	+	=
Regular		\$20.00	+	=
			Total Due	

Refunds & Cancellations	
Holidays or up to 48 Hrs.	Payment in full is charged (no refunds)
2-7 Days	20% of Service total is due (80% refund)
8+ Days	No charge, refund in full

How may we reach you while you are away?

Phone:	
Email:	

Value Visits, Up to 20 Minutes
Regular Visits, Up to 45 Minutes

Other Tasks Included:

Special Notes

Take Out Trash	Newspaper	
Pills/ Injections	Collect Mail	
Water Plants	Clean Litter Box	

Payment Method Cash Check Pay Date _____

This request **must be confirmed** by my pet sitter, and **a Signed Copy must be left for the pet sitter**. By signing this request, I agree to all terms and conditions.

Signature: _____ Date: _____