



## 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
<b>Value</b>		<b>\$17.00</b>	+	=
<b>Regular</b>		<b>\$21.00</b>	+	=
			<b>Total Due</b>	

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:

**Trip Description/Hotel/Notes & Visitors Expected**

**Other Tasks**

**Special Notes**

Pill / Shots	Take Out Trash
Injections	Newspaper
Plants	Collect Mail
Clean Yard	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: \_\_\_\_\_