



Julia's Happy Tails Pet Sitting Service, LLC

Service Request

Pets

Client Full Name

Best Way to Contact Today

Contact At

Service Begins

 / /

Time

Daily

Every Other Day

Weekdays

Service Ends

 / /

Time

Dog Walking

Pet Sitting

Details	Visit Time	Length	Travel Fee	Cost/Visit	# of Visits	Total
Morning				X	=	
Afternoon				X	=	
Night				X	=	
				X	=	
Subtotal						
Additional Charges						
Discounts						
Grand Total						
Deposit Due						
Balance Due						

How may we reach you while you are away?

Phone:

Email:

Trip Description/Hotel/Notes & Visitors Expected

Tasks

<input type="checkbox"/>	Daily Email/Text	
<input type="checkbox"/>	Walk/Play	
<input type="checkbox"/>	Feed/Water	
<input type="checkbox"/>	Medication	
<input type="checkbox"/>	Plants	
<input type="checkbox"/>	Alter Lights/Blinds	
<input type="checkbox"/>	Clean Litter Box	
<input type="checkbox"/>	Take Out Trash	
<input type="checkbox"/>	Take Out Recycling	
<input type="checkbox"/>	Collect Mail/Paper	
<input type="checkbox"/>	Other	

Special Notes & Other Tasks

Payment Method

Pay Date

This request **must be confirmed** by my pet sitter, and **a Signed Copy must be left for the pet sitter**. By submitting this request, I agree to all terms as stated in the Legal Considerations and Veterinary Release Agreement.

Signature: _____ Date: _____