



Critter Sitters of Rockport - Service Request

Pets

Client Full Name

Client Address

Client ID

Leave Date: _____ Time: _____

Return Date: _____ Time: _____

DAILY	EVERY OTHER DAY	OTHER
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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Service Begins

 / /

Time

Service Ends

 / /

Time

Visit Type	DAYS x # VISIT	TOTAL VISITS	Rate	Total
ROUTINE		X	\$15.00 =	
QUICK		X	\$10.00 =	
RON		X	\$50.00 =	
OTHER		X	=	
Subtotal				
Additional Charges				
FIRST TIME CLIENT // REFERRAL // OTHER DISCOUNTS				
Total Deposit Due				

CONTACT INFORMATION:

Tasks

Additional

<input type="checkbox"/>	Walk / Play	<input type="text"/>
<input type="checkbox"/>	Feed / Water	<input type="text"/>
<input type="checkbox"/>	Pills / Medication	<input type="text"/>
<input type="checkbox"/>	Injections	<input type="text"/>
<input type="checkbox"/>	Clean Litter Box	<input type="text"/>
<input type="checkbox"/>	Plants	<input type="text"/>
<input type="checkbox"/>	Take Out Trash	<input type="text"/>
<input type="checkbox"/>	Lights/Radio	<input type="text"/>
<input type="checkbox"/>	Drapes/Blinds	<input type="text"/>
<input type="checkbox"/>	Mail/Newspaper	<input type="text"/>
<input type="checkbox"/>	Yard Pickup	<input type="text"/>

Special Notes & Other Tasks

Payment Method

Cash, check, or money order

Pay Date

Post-dated check in advance

This request **must be confirmed** by my Pet Sitter.

Complete the form, print and SIGN one copy for Critter Sitters of Rockport to pick up with the keys.

By submitting this request, I agree to all terms as stated on the Service Agreement posted on

www.CritterSittersofRockport.com

Signature: _____ Date: _____