

Wireless Code: _____



SERVICE REQUEST/AGREEMENT

Client Name(s): _____

Service Start Date: _____ Time: _____

Service End Date: _____ Time: _____

Address: _____

Mailing Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Emergency Phone Where You Be Reached: _____

Emergency Name & Phone of a Friend / Relative: _____

Who is Responsible For Your Pet(s) In Case Of Your Death (Name and Phone): _____

Anyone Else On or In Your Property During Your Absence: (Housekeeper/Gardener)(Name): _____

Email: _____ May Emails Be Sent? YES NO



Service Type

Care of: Dog Cat Bird-Small Bird-Large Small &Furry Fish

Drop In: Time: _____ (15 minutes or less)

Regular Daily (Duration 30-45 minutes) Visit Times: 1st _____ 2nd _____ 3rd _____

Add-On Time (per 15 minutes): _____ Visit Times: 1st _____ 2nd _____ 3rd _____

Pet Bath¹ Nail Trim Only

Dog Walks

Do You Want Us to Walk Your Dog(s)? Yes No. If Yes AM PM

Plants/Outdoor Care

Do You Want Us to Water Your Indoor Plants? Yes No

Do You Want Us to Water Your Outdoor Plants? Yes No

Where Is The Watering Can/Hose Located? _____

What Days Do You Want Us To Water Your **Indoor** Plants?

Mon Tue Wed Thu Fri Sat Sun

What Days Do You Want Us To Water Your **Outdoor** Plants?

Mon Tue Wed Thu Fri Sat Sun

What Time of Day Do You Want Us to Water the Plants? AM PM Either

Do You Want Us to Mow The Lawn For You Prior To Your Return? Yes No

Where Is Lawn Mower/Gas Can Located? _____

Where Would You Like Us to Place the Grass Clippings? _____

¹ Owner supplied shampoo, conditioner, etc (service includes nail trim).



Mail & Newspaper Retrieval

Do You Want Us To Retrieve Your Mail? Yes No; Location of Mail Key? _____

Do You Want Us to Retrieve Your Newspapers? Yes No

Where Do You Want Us to Place the Mail and Newspapers? _____

Trash

Do You Want Us To Place Your Garbage, Recycling, or Green Waste Out for Pick Up?

Yes No

What Day of the Week is Pick Up? Mon Tue Wed Thu Fri Sat Sun

Alternate Lights & Curtains

Do You Want Us To Alternate Lights? Yes No

Where and When? _____

Do You Want Us To Alternate Drapes/Blinds? Yes No

Where and When? _____

TV & Radio

Do You Want Us To Turn On/Off TV and Radio Yes No

If Yes, Then Turn On TV/Radio at ____AM____PM; Turn Off TV/Radio ____AM____PM – in the following room(s): _____



I (We) give *Pawriffic Pet Sitting Services* to enter my property, residence or office (address which is provide above) in order to provide quality pet care for my animal(s).

Security System? Alarm Code: Gate Code: Other:
 YES NO _____ _____ _____

Instructions:

Referred By: How Did You Hear About Us?

By signing below I (we) agree that all the information contained herein is true to the best of my (our) knowledge, and I (we) acknowledge that I (we) have received a copy of *Pawriffic Pet Sitting Service Guidelines and Procedures Policy*; and are aware that this signed document serves as proof that I (we) have given permission to *Pawriffic Pet Sitting Service* and/or their representative authorization to enter my (our) home, office, or property for the exclusive purpose of pet care and home security checks. I (We) have read and acknowledge the *Payment Policy*. (We) also agree to pay for all charges accrued² for the services provided for this visit and any future services.

Signature: _____ Date: _____

Signature: _____ Date: _____

² Client chose services on rate sheet during interview (checked boxes) or other services agreed upon by client and *Pawriffic Pet Sitting Services*



SITTER'S USE ONLY: to be filled in at interview

Regular Visit

Fee Per 1 Visit/Day: \$ _____ X # of Visits _____ = TOTAL \$ _____

Fee Per 2 Visits/Day: \$ _____ X # of Visits _____ = TOTAL \$ _____

Fee Per 3 Visits/Day: \$ _____ X # of Visits _____ = TOTAL \$ _____

Add on Time: \$ _____ X # of Visits _____ = TOTAL \$ _____

Overnight Visit \$ _____ X # of Visits _____ = TOTAL \$ _____

Play & Stay Care

1-6 days \$ _____ X # of Days _____ = TOTAL \$ _____

Each 7 days \$ _____ X # of Weeks _____ = TOTAL \$ _____

Monthly \$ _____ X # of Months _____ = TOTAL \$ _____

Quick Stop/Puppy Check

Fee Per 1 Visit/Day: \$ _____ X # of Visits _____ = TOTAL \$ _____

Fee Per 2 Visits/Day: \$ _____ X # of Visits _____ = TOTAL \$ _____

Fee Per 3 Visits/Day: \$ _____ X # of Visits _____ = TOTAL \$ _____

Bathing

Cat Bath: \$ _____

Dog Bath (0 to 30lbs): \$ _____ Dog Bath (31 to 50lbs): \$ _____ Dog Bath (51 + lbs): \$ _____

Nail Trim Only: \$ _____

Other Total: \$ _____ (based upon your selection on rate sheet)

Sitter Notes:

Grand Total: \$ _____



Discount:

10% Senior 10 %Active Duty 1 FREE Visit (Shelter) 10% Pet Industry Professional
 \$10 New Client Other: _____

Total Amount Due: \$ _____ Total Amount Paid: \$ _____

Deposit Amount Paid: \$ _____

Method of Payment:

Check: _____ Check #: _____ Cash: _____

Remaining Balance: \$ _____ Balance to be paid prior to 1st Visit? Yes No

Method of Payment:

Check: _____ Check #: _____ Cash: _____



CALL HOME POLICY

The safety of your pets is our primary concern. We do everything in our abilities to ensure their safety. We believe that your pets need to be visited the number of times agreed upon during a day.

While we certainly anticipate that you will be arriving home on the date you provide to us, we understand that there will occasionally be circumstances beyond your control that will prevent you from returning on the indicated date. If this happens, please call us and we will absolutely extend past the predetermined visits to care for your pets.

We ask that you call us when you arrive home. We will also leave a small note card reminding you to call. This covers an unforeseen event in which you do not arrive home and cannot notify us of this situation.

IF *Pawriffic Pet Sitting Services* DOES NOT HEAR FROM YOU PRIOR TO YOUR ARRIVAL DATE, WE WILL AUTOMATICALLY EXTEND YOUR VISITS TO ENSURE THE SAFETY AND WELFARE OF YOUR PETS. IF WE ARRIVE AT YOUR HOME, AND YOU ARE EITHER AT HOME OR HAVE ARRANGED FOR OTHER CARE FOR YOUR PETS; WE WILL CHARGE YOU FOR AN EXTRA VISIT, AND ANY OTHER CHARGES THAT MIGHT APPLY.

I understand and fully agree with this policy, and will assume all liability from charges arising from this policy.

Signature: _____ Date: _____