



Cozy At Home Pet Sitting – Service Request SR

Pets

Client Full Name or ID _____
Best Way to Contact Today _____
Contact At _____

Service Begins / /
Time
Service Ends / /
Time

- Daily
 Every Other Day
 Weekdays

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

How may we reach you while you are away?

Trip Description/Hotel/Notes & Visitors Expected

Phone:

Email:

Tasks

<input type="checkbox"/>	Email Log	
<input type="checkbox"/>	Walk Dog	
<input type="checkbox"/>	Feed	
<input type="checkbox"/>	Pill / Shots	
<input type="checkbox"/>	Injections	
<input type="checkbox"/>	Plants	
<input type="checkbox"/>	Clean Litter Box	
<input type="checkbox"/>	Take Out Trash	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Special Notes & Other Tasks

Payment Method

Pay Date

This request **must be confirmed** by my Cozy at Home Pet Sitting and a **Signed Copy must be left for the pet sitter**. By submitting this request, I agree to all terms as stated on [our website](#).

Signature: _____ Date: _____