

Pet Care Information

Pet Name: _____ Age: _____ Breed: _____ Sex: M / F

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Date of first visit: _____ Date of last visit: _____

Number of visits per day: _____ Total number of visits: _____

Type of service (circle one below):

Home Sitting Pet Sitting Dog Walking Overnight Home Sitting

Overnight Pet Sitting Other _____

Additional duties (circle any that apply):

Bring in mail/papers

Water plants

Put out garbage or recycling bins on day of pickup _____

Other: _____

Client's Travel Contact Information:

Hotel / Vacation / Relative's Name and Address:

Would you like us to contact you regularly during the visit? **Yes** **No**

If yes, describe how you would like us to contact you and how frequently:
