



Best Friend Pet Services – Pet Sitting Service Request

Name: _____ Pet Name: _____

Enter V or R* / and Desired Time	Week 1						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date							
Morning							
Afternoon							
Evening							

Week 2						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

Week 3						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

Week 4						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

*Type of Visit	# of Visits	Rate	Extras	Total
Value		\$14.00 +	=	
Regular		\$18.00 +	=	
			Total Due	

Refunds & Cancellations	
Holidays or up to 48 Hrs.	Payment in full is charged (no refunds)
2-7 Days	20% of Service total is due (80% refund)
8+ Days	No charge, refund in full

How may we reach you while you are away?

Phone:

Email:

Trip Description/Hotel/Notes & Visitors Expected

Other Tasks

Special Notes

Pill / Shots		Take Out Trash	
Injections		Newspaper	
Plants		Collect Mail	
Clean Yard		Clean Litter Box	

Payment Method

Cash Check

Pay Date _____

This request **must be confirmed** by my pet sitter, and **a Signed Copy must be left for the pet sitter**. By signing this request, I agree to all terms and conditions.

Signature: _____ Date: _____