



Teacher's Pet Care, LLC – Service Request

SR

Pets

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

Service Begins

 / /

Time

Daily

Every Other Day

Weekdays

Service Ends

 / /

Time

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?

Phone:

Email:

Trip Description/Hotel/Notes & Visitors Expected

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 pet sitter, 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: _____