



Pets

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Service Begins / / Service Ends / /

Daily  Every Other Day  Weekdays

Details	Visit Time	Length	Rate	Travel Fee	Cost/Visit	# of Visits	Total
Morning							
Afternoon							
Dusk							
Night							
Subtotal							
Additional Charges (Key Drop, Shopping, etc.)							
Discounts							
<b>Total Deposit Due</b>							

**Tasks**

Forms Attached	Yes/No/On File
Home Guide	
Pet Information	
Legal Agreement	
Veterinary Release	
Rates	

**Special Notes & Other Tasks**

Payment Method

Pay Date

This request **must be completed** prior to services, and **the forms indicated above are part of this agreement**. By submitting this request, I agree to all terms as stated on our website, www.connspetsitters.com.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_