



Critter Sitters of Rockport

THERE FOR YOUR PET WHEN YOU CAN'T BE



Professional Pet Sitting in Your Home Services Request

Client Full Name _____ Pets _____
 Client Address _____
 Client ID _____

This request **must be confirmed** by my Pet Sitter. **Complete the form, print and SIGN one copy for Critter Sitters of Rockport to pick up with the keys.** By submitting this request, I agree to all terms as stated on the Service Agreement.

Service Begins	Date	Time	Type of Service		
			Daily	Every Other Day	Pet Taxi
Service Ends					
Details	Visit Time	Visit Rate	Number of Visits		Total
1st		20.00	X	=	
2nd		10.00	X	=	
3rd		10.00	X	=	
4th		10.00	X	=	
			Subtotal		
			Additional Charges		
			Discounts		
			Total Deposit Due		
How may we reach you today?			Notes & Visitors Expected		

Phone:

Email:

Tasks

Special Notes & Other Tasks

- Walk / Play
- Feed / Water
- Pills / Medication
- Injections
- Clean Litter Box
- Plants
- Take Out Trash
- Lights / Radio
- Drapes / Blinds
- Mail / Newspaper
- Yard Pickup

Payment Method Cash Check Money Order
Pay Date

Signature: _____ **Date:** _____

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Critter Sitters of Rockport
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