

At Your Pets' Service, "LLC"

Pet & Home Sitting Service Client Agreement and Information

Name/s: _____

Address: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Emergency Contact: _____

Location of Extra Key: _____

Alarm deactivation Code: _____

Alarm activation Code: _____

Alarm company Name: _____

Alarm company Phone: _____

I agree that I have requested At Your Pets' Service, "LLC" to take care of my pet(s). I agree to pay the charges accrued for the services provided as outlined in this agreement.

Charge per visit: \$

I understand that payment is due at or prior to the time of the first visit.

Owner's Signature: _____ **Date:** _____

Owner's Name (please print): _____

PET SITTING ASSIGNMENT INFORMATION

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

Of Visits Per Day: _____

Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Overnights _____ Holiday Charge _____

Total # of Visits: _____

Additional duties (please circle those you would like to request):

Bring in mail/papers

Water plants

Put out trash cans/recycling

Other

Where can we reach you?

Phone: _____ Email: _____

Anyone Else that may have extra Key to Home: _____

Would you like us to contact you regularly during the visit?

YES / NO

If yes, please indicate by what method and when/how often: Text _____ Email _____ Call _____

Additional Notes
