

# Paw Prints Pet Services LLC

## Service Request



Client / Owner Name: \_\_\_\_\_

Pets needing care: \_\_\_\_\_

Contact number: \_\_\_\_\_

Date request created: \_\_\_\_\_

Contact email: \_\_\_\_\_

### SCHEDULE

Date service begins: / / 1<sup>st</sup> Visit Timing: \_\_\_\_\_  Daily  Every other day  Other

Date service ends: / / Last Visit Timing: \_\_\_\_\_ Payment method: \_\_\_\_\_ Payment date: \_\_\_\_\_

On-going walks:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

\*Service visits requested before 8 AM or after 8 PM will incur an additional \$3 per visit after hours fee

Details	Visit Time	Visit Length	Rate	# of Visits		Total
Morning *	8 AM – 11 AM	15 / 30 /		X	=	
Afternoon	11 AM – 3 PM	15 / 30 /		X	=	
Evening	4 PM – 8 PM	15 / 30 /		X	=	
Night *	8 PM – 10 PM	15 / 30 /		X	=	
Flexible	8 AM – 8 PM	15 / 30 /		X	=	
Boarding	N/A	N/A		X	=	

### TRIP INFORMATION

Destination: \_\_\_\_\_

Notes: \_\_\_\_\_

Lodging name: \_\_\_\_\_

Contact phone while away: \_\_\_\_\_

### TASKS

- Walk dog(s)
- Yard visit for dog
- Clean litter boxes
- Feed pet(s)
- Medications
- Injections
- Bring in mail
- Take out trash
- Trash day \_\_\_\_\_
- Water Plants
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#### Visit Status Update Preferences:

- once a day
- each visit
- no updated needed
- written log
- text update

#### Additional Notes:

This request **must be confirmed** by Paw Prints Pet Services. Visits are subject to availability. By submitting this request, I (the Client) agree to all terms as stated on the Legal Considerations Agreement, Veterinary Release and Key Handling Agreements, any other signed forms, and on the Service Provider's website.

Client Printed Name: \_\_\_\_\_

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