Pawsitively Purrfect Pet Sitting

NEW CLIENT PET CARE REQUEST

Telephone Reservation/Information Form

New Client: ☐ **Yes** ☐ **No** **Name:** _____

Address: _____ **Home Phone:** _____

City, ST & Zip: _____ **Cell Phone:** _____

Email Address: _____

How did you hear about us? _____

Date and Time of Meet & Greet: _____

If returning client:

Client, Pet and Signed Vet Info and Key on file:	☐ **Yes**	☐ **No**
Any changes since last visit (need to update system):	☐ **Yes**	☐ **No**
If Return Client, Do they have any unpaid Invoice(s):	☐ **Yes**	☐ **No**

Dates of visits: _____ **to** _____ **Average Times of visit for each day:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
T							
I							
M							
E							
S							

Type of Services: ☐ Dog Sitting ☐ Cat Sitting ☐ Small Animal ☐ Birds / Fish ☐ House Sitting

Other: _____

Pet Info:

Name: _____ Name: _____ Name: _____ Name: _____

Breed: _____ Breed: _____ Breed: _____ Breed: _____

Client Rates/Reference: (For Quick Quote Reference Only) Professional Confirmations/Invoices are recommended

Scheduled # Visits: _____ visits @ $ _____

Holiday Visits: _____ visits @ $ _____

Overnight Visits: _____ visits @ $ _____

_____: _____ visits @ $ _____

Quote / Total Due For Pet Care: $ _____

NOTES:

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