



Scratch and Sniff, Inc. – Service Request

Pets			Client Full Name or ID			
			Best Way to Contact Today			
			Contact At			
Service Begins	/ /	Time		<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Weekdays
Service Ends	/ /	Time		<input type="checkbox"/> Other	<input type="checkbox"/> Vacation	

Details	Visit Time	Length	Rate	# of Visits	Total
Morning			x	=	
Afternoon			x	=	
Dusk			x	=	
Night			x	=	
Subtotal					
Additional Charges					
Discounts					
Grand Total Deposit Due					

How may we reach you while you are away? Phone: <input type="text"/> Email: <input type="text"/>	Trip Description/Hotel/Notes & Visitors Expected <input type="text"/>
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Tasks	Special Notes & Other Tasks
<input type="checkbox"/> Email Daily Log	
<input type="checkbox"/> Walk Dog	
<input type="checkbox"/> Feed/Water	
<input type="checkbox"/> Medications	
<input type="checkbox"/> Clean Litter Box	
<input type="checkbox"/> Water Plants	
<input type="checkbox"/> Vacuum/Sweep	
<input type="checkbox"/> Mop Floor	
<input type="checkbox"/> Scoop Yard	Emergency Contact:
<input type="checkbox"/> Take Out Trash	Phone Number:
<input type="checkbox"/> Bring in Mail	Payment Method
	Pay Date

This request **must be confirmed** by my pet sitter, and **a Signed Copy must be left for the pet sitter.**

Signature: _____ Date: _____