

CHERISHED ONES PET SITTING

Service Request

Client Name: _____

Depart Home Date/Hour: _____ Return Home Date/Hour: _____

First Visit Date: _____ AM PM Last Visit Date: _____ AM PM

Where will you be staying? _____ Phone # _____

Will you be accessible by cell phone? YES NO
Cell Phone # _____ Cell Phone # _____

Will you have access to e-mail? YES NO e-mail address: _____

Would you like me to:	Circle:	Explanation:
Retrieve the mail?	YES NO	_____
Retrieve the newspaper?	YES NO	_____
Alternate lighting in the house?	YES NO	_____
Leave lights on for your pet(s)	YES NO	_____
Alternate window coverings	YES NO	_____
Turn on/off fans?	YES NO	_____
Turn on/off heat or air conditioning?	YES NO	_____
Turn on/off the TV or radio?	YES NO	_____
Take out the garbage?	YES NO	If yes, when? _____
Take out the recycling?	YES NO	If yes, when? _____
Water indoor plants?	YES NO	If yes, when? _____

Who else will have access to your home while you are away?
Housekeeper Gardener Pool Service Other: _____

Any other special concerns or needs: _____

**For change of plans, cancellations, last minute instructions or emergencies,
please call my cell phone: (760) _____ (given at free consultation)**

There will be a \$10 fee if you cancel less than 24 hours in advance of a scheduled service

Client Signature _____ Date _____