

Hedy's Pet Sitting

PO Box 285, Mosier, OR 97040, www.hedypetsitting.com, 541-490-7570, hedy@gorge.net

SERVICE REQUEST

Client _____
 Phone _____
 Email _____
 Pets _____

How may we reach you while you are away?
 Phone _____
 Email _____
 Other _____

Emergency Contacts: Persons living nearby with access/permission to enter Client's home or property

Name/Address _____	Phone Number _____	Key _____	Relationship _____
_____	_____	Y / N _____	_____
_____	_____	Y / N _____	_____

SERVICE PERIOD: Start Date _____ End Date _____

VISITS:	AM (7-9am)	Mid Day (12-2pm)	PM (5-7pm)	Daytime (9am-6pm)	Overnight (9pm-7am)	Fulltime (23h: 9am-8am)	Other
First Day							
Each Day in Between							
Last Day							

TASKS

	Task	Notes		Task	Notes
	Feed / Water			Bring in Mail	
	Medication			Bring in Newspaper	
	Clean Litter Box			Set out Trash	
	Pet Waste Disposal			Alternate Lights	
	Walk the Dog(s)			Window Coverings	
	Play etc.			TV/Radio on/off	
	Other:			Water Plants	

NOTES _____

Client Signature: _____ Date: _____

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Pet Care Instructions

(For multiple pets please make additional copies of this page)

ANIMAL 1

Name: _____ Pet Type/ Breed: _____ Sex: M / F Age: _____

Color: _____ Weight: _____ ID Tags: Y / N Microchip: Y / N

Personality: _____

Aggressive or Aversions to anything Y/N If yes, explain _____

Food/Medication: _____

Care / Activities: _____

Notes: _____

ANIMAL 2

Name: _____ Pet Type/ Breed: _____ Sex: M / F Age: _____

Color: _____ Weight: _____ ID Tags: Y / N Microchip: Y / N

Personality: _____

Aggressive or Aversions to anything Y/N If yes, explain _____

Food/Medication: _____

Care / Activities: _____

Notes: _____

ANIMAL 3

Name: _____ Pet Type/ Breed: _____ Sex: M / F Age: _____

Color: _____ Weight: _____ ID Tags: Y / N Microchip: Y / N

Personality: _____

Aggressive or Aversions to anything Y/N If yes, explain _____

Food/Medication: _____

Care / Activities: _____

Notes: _____

I/we certify that all of the above information is true and correct, to the best of my/our knowledge, and that I/we will notify Hedy's Pet Sitting of any charges to the above prior to the start of any service period.

Client Signature: _____ Date: _____