



# T's Pet Sitting Service

*We'll fit your pets needs to a "T"*

www.tspetsitting.com

402.305.6760

THIS SECTION TO BE FILLED OUT BY PET SITTER

Daytime Fee \$\_\_\_\_\_ Overnight Fee \$\_\_\_\_\_

Client's preferred method for receiving updates:

Text

Email

Printed

New clients are required to pay in full at the time of booking by either mailing a check before service begins or by giving a check to T's Pet Sitting Service at the initial consultation. Existing clients can either mail a check before service begins or leave a check on the kitchen counter before their first visit. We accept payment in the form of check, cash, & Paypal.

**OWNER INFORMATION:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**Hm Ph:** \_\_\_\_\_ **Cell Ph:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PET INFORMATION:**

**Name(s):** \_\_\_\_\_

Indicate 1<sup>st</sup> & 2<sup>nd</sup> Time Frame Choice:

7am-9am

9am-11am

11am-1pm

1pm-3pm

3pm-5pm

OVERNIGHT

**INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

\_\_\_\_\_

*I, the owner, of the above listed pet(s) warrant that the information herein is true and correct to the best of my knowledge.*

**OWNER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_