All About You Pet Care SR

Service Request for Established Clients

Pets

Client Full Name

Your Departure & Arrival Times & Dates

Departure from Home:
Arrival Home:

DATE	# OF VISITS (PER DAY)	TIMES OF EACH VISIT	LENGTH OF EACH VISIT	# OF TIMES MEDICATION GIVEN DAILY

How may we reach you while you are away?

Phone:

Email:

Trip Description/Hotel

Tasks

	Email/text/phone	Visit / Daily / Periodic
	Walk Dog	
	Feed / Water	
	Meds / Fluids	
	Bird Feeders	
	Habitat Cleaning	

Special Arrangements & Changes in item Location or Pet Care

Will anyone be expected while you are away? YES or NO

Who?

All Service requests must be confirmed by the Pet Care Provider. By signing this, I agree to all terms as stated on the previously signed contract. The amount due for this service period will be given verbally and an invoice will be emailed/mailed to you. Payment must be made prior to service. This signed service request should be mailed along with your payment unless other arrangements are made. Checks are payable to Jullie R. Flynn.

***** PLEASE CONTACT ME UPON ARRIVAL BY TEXT/PHONE SO I KNOW YOU'RE HOME SAFELY*****

Signature: _____ Date: _____ PCP_____

Payments to be mailed to:
Jullie R. Flynn
138 Neely Street
Fair Oaks, Pa 15003