

CITRUS PET SITTING - CLIENT AGREEMENT AND INFORMATION

Name/s: _____

Address: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Emergency Contact: _____

Location of Extra Key: _____

Alarm deactivation Code: _____

Alarm activation Code: _____

Alarm company Name: _____

Alarm company Phone: _____

I agree that I have requested that Citrus Pet Sitting take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

Charge per visit: \$_____

I understand that payment is due at or prior to the time of the first visit

Owner's Signature: _____ Date: _____

Owner's Name (please print): _____

CITRUS PET SITTING - ASSIGNMENT INFORMATION

Date of first visit: _____

Date of last visit: _____

Number of visits per day: _____

Total number of visits:

Overnight: _____

Daily visits: _____

Additional duties (please circle those you would like to request):

Bring in mail/papers

Water plants

Put out trash cans/recycling

Other

Where can we reach you?

Address: _____

Phone: _____

Email: _____

Do you want us to verify you have returned on time and continue to visit if we do not hear from you?

YES / NO

Would you like us to contact you regularly during the visit?

YES / NO

If yes, please indicate by what method and when/how often:

Additional Notes:

