



Service Request Form

Client Name:		Home Phone:	
Street Address:		Cell Phone:	
City, State, Zip Code:		Work Phone:	
Email Address:		Alternate Phone:	

Service to Start (Date & Time): _____

Service to End (Date & Time): _____

Daily Every Other Day Weekdays

Details	Visit Time	Length	Cost/Visit	# of Visits	Total
Morning			X	=	
Mid Day			X	=	
Evening			X	=	
Night			X	=	
3/Day Package			X	=	
Overnight			X	=	
Walks			X	=	
Pet Taxi			X	=	
Subtotal					
Holiday Charges					
Discounts					
Total					
Balance Due					

Payment Method: _____ **Payment Date:** _____

How may we reach you while you are away? Trip Description/Hotel/Phone Numbers:

Phone:		
Email:		

Emergency Contact Information: (Neighbor, Friend, Family, not traveling with you)

Name:		Home Phone:	
Street Address:		Cell Phone:	
City, State, Zip Code:		Work Phone:	
Email Address:		Alternate Phone:	

Additional Information:

Is it OK to take photos of your pets? Y N

Is it OK to take post photos of your pets on our website? Y N

Is it OK to use you as a reference? Y N

How did you hear about us? _____

This request **must be confirmed** by Tail Waggin Good L.L.C., and a **signed copy must be left for the pet sitter**. By submitting this request, I agree to all terms as stated on www.tailwaggingoodpetservices.com.

Signature: _____ **Date:** _____