

SERVICE REQUEST AGREEMENT

CLIENT INFORMATION

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ Zip: _____ Business Phone: _____
 Email Address: _____ Other Phone: _____
 Email Address: _____ Other Phone: _____

TRAVEL OR LEAVE INFORMATION

Date & Time of Departure: _____ Date & Time of Return: _____
 Means of Travel: Car _____ Plane: Airline/Carrier _____ Other: _____
 Where Can You Be Reached? _____
 Phone Number(s) to Reach You: _____
 Email to Reach You: _____
 In Case of Emergency, Contact: _____
 In Case of Inclement Weather or natural disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your pets? _____
 Name, Address and Phone Number of family member, friend or agency/organization who would take custody of your pet in the event of a catastrophe or untoward circumstances preventing your return: _____

FEE SCHEDULE

Time of Visit	Length of Visit	Rate per Visit	Cost	Begin Date: ___/___/___	Time: _____
<input type="checkbox"/> Morning	_____ min. @	\$ _____ =	\$ _____	Return Date: ___/___/___	Time: _____
<input type="checkbox"/> Afternoon	_____ min. @	\$ _____ =	\$ _____		
<input type="checkbox"/> Dusk	_____ min. @	\$ _____ =	\$ _____		
<input type="checkbox"/> Night	_____ min. @	\$ _____ =	\$ _____		
Total:			\$ _____ per day X _____ Days =	\$ _____	
Travel Fees* @ \$0.40 per mile X _____ miles X _____ Days =			\$ _____		
Total Fee Due:			\$ _____		

* Travel fees apply to visits that exceed ten Yahoo! Map miles from our office in Wausau.