

# ADVANCED PET CARE SERVICE

## Service Request Form

Client: _____	Pets: _____
Address: _____	_____
Phone: _____	_____

Service Begins	/ /	Time		<input type="checkbox"/> Daily	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Other:
Service Ends	/ /	Time				

Details	Visit Time	Length	Rate	Travel Fee	Cost/Visit	# of Visits	Total
Morning			+		X	=	
Afternoon			+		X	=	
Evening			+		X	=	
Night			+		X	=	
						Subtotal	
						Additional Charges	
						<b>Total Due</b>	

<b>How may we reach you while you are away?</b>	<b>Trip Description/Hotel/Notes &amp; Visitors Expected</b>
Phone: _____	
Email: _____	

Service Requested	
<input type="checkbox"/> Pet Sitting	
<input type="checkbox"/> Daily Visits	
<input type="checkbox"/> Horse Care	
<input type="checkbox"/> Pet Taxi	
<input type="checkbox"/> Water Plants	
<input type="checkbox"/> Pick Up Mail	
<input type="checkbox"/> Lights	
<input type="checkbox"/> Blinds	
<input type="checkbox"/> Take Out Trash	
<input type="checkbox"/> Other:	
<input type="checkbox"/>	

**Special Notes**

<b>Payment Method</b>	
<b>Pay Date</b>	

This request **must be confirmed** by A.P.C.S. **A Signed Copy & Payment is required on the first day of service.**  
 By submitting this request, I agree to the terms and conditions of Advanced Pet Care Service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_