



_____ Date/Amt. Client Paid

Bart & Gabriel Pet Sitting LLC

TELEPHONE RESERVATION CONTRACT

Name: _____

Date/Time Begin: _____ 03/24/2010 _____ Expected Date/Time End: _____

Schedule: M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

Will anyone else be entering home or assisting with pet care? Yes No

If Yes, Name & Contact Info: _____

Fee Per Visit \$ _____ x (# of visits) _____, plus any other assessed fees \$ _____ = TOTAL FEE \$ _____.

Any other relevant information:

Thank you for your patronage and prompt payment. Please notify us of your arrival home.

Sitter's Signature: _____