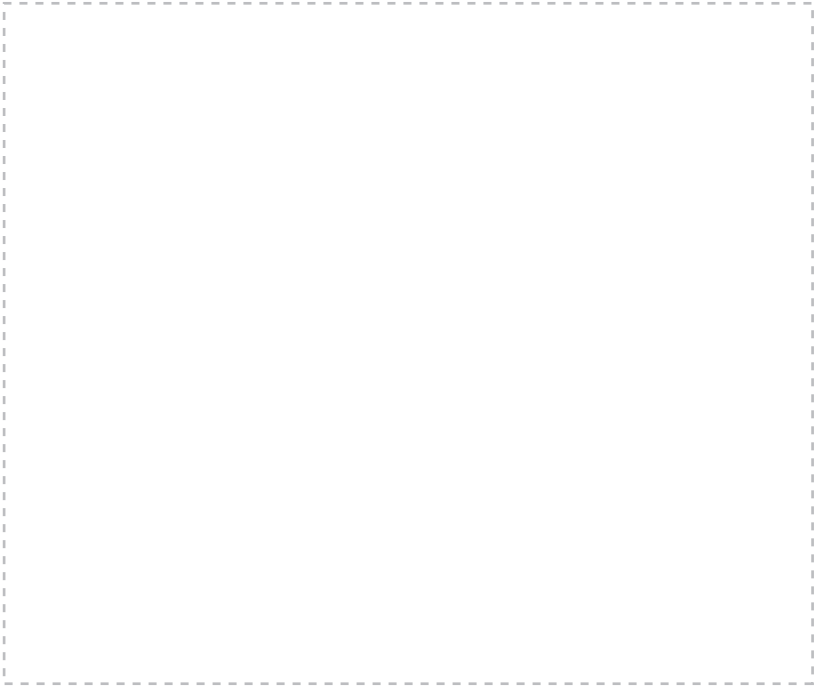


Wagging Tails

Pet Sitters

Drop-In Dog Sitting Service Contract



PHOTO

Name: _____

Breed: _____

Age: _____

Sex: _____

Owner _____

Phone _____

Email _____

Address _____

Vet Name _____

Vet Phone _____

Vet Address _____

Wagging Tails

Pet Sitters

Drop-In Dog Sitting Service Contract



PHOTO

Name: _____

Breed: _____

Age: _____

Sex: _____

Owner _____

Phone _____

Email _____

Address _____

Vet Name _____

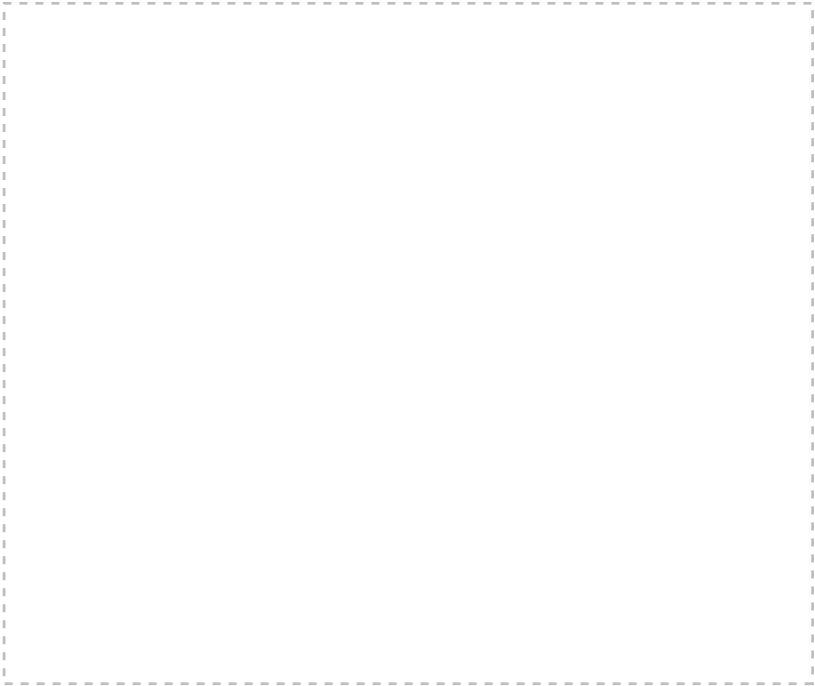
Vet Phone _____

Vet Address _____

Wagging Tails

Pet Sitters

Drop-In Dog Sitting Service Contract



PHOTO

Name: _____

Breed: _____

Age: _____

Sex: _____

Owner _____

Phone _____

Email _____

Address _____

Vet Name _____

Vet Phone _____

Vet Address _____

Wagging Tails

Pet Sitters

Drop-In Dog Sitting Service Contract

Feeding and Care Instructions

Pet Name:

Feeding:

House :

Notes:

Wagging Tails Pet Sitters

Drop-In Dog Sitting Service Contract Agreement

Pet Name: _____

Date of
Service: _____

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Our payment policy is net due 30 days from when invoice for a phase, and the deliverable for each phase of the project is received and approved by client with a 1.5% penalty for late payments.

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Owner
Name: _____

Signature: _____