



Music City Pet Sitting – Contact Information /Rate Contract

(615) 390-0706

Client Name

Pet Name(s)/
Description(s)

Address

Phone
Cell
Work
Email
Referred by

	Date		Time	
Consultation				
First Sit	Begin	AM	MID	PM
	End	AM	MID	PM

Service Type Vacation Periodic Daily

Frequency _____ X per Day Week

Travel \$ _____ per _____ miles/ _____ mins

Rate \$ _____ per visit

Emergency Contact

Name
Phone
Cell/Work
Address

Alerts

- FLIGHT RISK
- WATCH DURING FEEDINGS
- SEPARATE DISHES
- NO TREATS Pick Up Dish after _____
- OTHER _____

I understand the rate(s) for services requested and agree to pay in full for services requested in this contract and future services requested from Music City Pet Sitting online or via email, text, or phone call.

Client Name _____

Client Signature _____ Date _____