



Pet Sitting Visit Schedule

Pet Parent: _____

Pet / Pets: _____

** It's important for us to know when pet parent is leaving and returning so we know when the babies become our responsibility and returned to your care upon your return.

Parent Departure: Date: _____ Estimated Time : _____

Parent Return Date: _____ Estimated Time : _____

Requested Visits: (Circle preferred time of day) **Weekends and major holiday surcharge \$10

*** Visit # 1	Date: _____ Day: _____	am	mid-day	pm
Visit # 2	Date: _____ Day: _____	am	mid-day	pm
Visit # 3	Date: _____ Day: _____	am	mid-day	pm
Visit # 4	Date: _____ Day: _____	am	mid-day	pm
Visit # 5	Date: _____ Day: _____	am	mid-day	pm
Visit # 6	Date: _____ Day: _____	am	mid-day	pm
Visit # 7	Date: _____ Day: _____	am	mid-day	pm
Visit # 8	Date: _____ Day: _____	am	mid-day	pm
Visit # 9	Date: _____ Day: _____	am	mid-day	pm
Visit # 10	Date: _____ Day: _____	am	mid-day	pm

Additional visits, kindly continue on reverse of page.

***** Final Visit** Date: _____ Day: _____ am mid-day pm

If we have your key, how would you like us to return to you?

- Options: () Leave in home after final visit if self-locking door.
- () Leave in an area located outside of the home designated by you.
- () Keep key on file with PP for future visits.

PS: **Don't forget!** Send a text or email that you've returned home so we know the babies are once again in your care.