**PET SITTING FORM FOR RETURNING CLIENTS**

**Custom Cat Care from Sleep-Eas-zz In-Home Pet Sitting Service**

**Request for New Service**

Please fill out all requested information and email it back to us at: sleepeaszz@nc.rr.com

**CLIENT INFORMATION**

First Name:

Last Name:

Email:

Phone Number:

**PET CARE INFORMATION**

Pet(s) names:

Dates(s) of new service needed:

 Day & Time Beginning

 Day & Time Ending

Any new pet information or medicine?

Client’s schedule:

 When you will leave your home: Day & Time to leave:

 Day & Time to return:

Sitter or contractor last used. Name:

Email to us at: sleepeaszz@nc.rr.com

I will return confirmation within 12 hours. You can also just send me an email or call

(919) 606-2907.