

PET SITTING ASSIGNMENT INFORMATION

Client: _____

Pets: _____

Date/time of first visit: _____

Date/time of last visit: _____

Number of visits per day: _____

Total number of visits: _____

Overnight: _____

Daily visits: _____

Additional duties (please circle those you would like to request):

_____ Bring in mail/papers

_____ Water plants

_____ Put out trash cans/recycling

Other _____

Where the client can be reached:

Address: _____

Phone: _____

Email: _____

Verification of client's return Y/N Contact with client during assignment Y/N

Contact method: _____

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