

Pet Sitting Diary



Date _____

Early Morning Mid-day Evening Late A/Overnight

- | | | |
|---|--|--|
| <input type="checkbox"/> pets fed | <input type="checkbox"/> fresh water | <input type="checkbox"/> litter scooped |
| <input type="checkbox"/> medication given | <input type="checkbox"/> home/pets secured | <input type="checkbox"/> exercise |
| <input type="checkbox"/> lights altered | <input type="checkbox"/> plants watered | <input type="checkbox"/> mail/paper pickup |
| <input type="checkbox"/> cage cleaned | <input type="checkbox"/> trash out | <input type="checkbox"/> TLC Time |
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THANK YOU FOR GIVING US THE OPPORTUNITY TO SERVE YOU AND YOUR PET(S)! SO WE KNOW THAT YOU HAVE RETURNED HOME SAFELY, PLEASE CALL YOUR SITTER DIRECTLY AT 855-748-6935 Extension _____ OR E-MAIL YOUR SITTER AT _____@floofinsandco.com UPON YOUR ARRIVAL HOME. TO ENSURE YOUR PET'S SAFETY, WE WILL ADD VISITS UNTIL YOU HAVE NOTIFIED US THAT YOU HAVE ARRIVED HOME. THANK YOU!