



1300 41 21 41
info@fetchpetsitting.com.au
P.O Box 171
Kedron
4013

Your Pet. Your Way.

CLIENT AGREEMENT AND INFORMATION

Name/s: _____

Address: _____

Post Code: _____

Home Phone: (____) _____

Work Phone: (____) _____

Mobile Phone: _____

Secondary Mobile Phone: _____

Email: _____

Emergency Contact Name:

Emergency Contact Number:

I agree that I have requested that fetch. Pet Sitting to take care of my pet. I agree to pay the charges accrued for the services provided as outlined in this agreement.

*I understand that payment is due at or prior to the time of the first visit
unless otherwise stated.*

Owner's Signature: _____ Date: _____

Owner's Name (please print): _____

