



Tri State Pet Care LLC
Daily Visit Advisor

Client Name: _____

Best Contact during the day: _____

Normal Schedule(Circle): M TU W TH FR SA SU

Time you leave for work on average day: _____

Time you return from work on normal day: _____

Time range: _____ (please allow at least 1 hour window, we prefer 2).

Additional visits within same day _____

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We strive to be on time, however we can not control traffic, or unseen events that may delay us from time to time. This is why we allot for the time window, to ensure your pets stay on a regular schedule.

List what you would like done during the visit:(be specific with duties, expectations)

Please list anything we should know about your dogs behavior, positive or negative. List behaviors that are discouraged, or rewarded. If walking tell us how your pet responds to other animals, if potty break list if you have a dog with digging or coprophagia.
