

AVAILABILITY SHEET

Name _____

If employed full time elsewhere:

Office Address _____

Hours _____

Flexible lunch hour? Yes / No

Would you be interested in assignments close to your work address? Yes / No

Pet Sitting:

Morning visits Yes / No

Midday visits Yes / No

I am available for a maximum of _____ visits during lunch (middle of the day)

Evening visits Yes / No

Additional Services (not mandatory):

Pet Taxi Yes / No (transporting vets in your car)

Boarding in your home Yes / No

Overnight Visits Yes / No (pet sitter arrives at client's home between 8-9 PM and stays until approximately 7 AM)

Experience Giving Injections Yes / No If yes, specify Cats / Dogs

Time off requests:

Emergency Contact Information (spouse, parent, roommate, friend)

Name/Relationship _____

Phone _____

For Direct Deposit:

Bank Routing # _____

Bank Account # _____