

Complete Pet-Sitting & Dog-Walking Business

Pet-Sitting & Dog-Walking

37 fillable + printable forms

[Open Contents →](#)

Contents

37 forms across 7 workflow stages

Client & Pet Onboarding (7)

- New Client Intake
- Pet Profile
- Emergency Contact & Vet Release
- Feeding & Medication Schedule
- Home Access / Key Log
- Client Questionnaire
- Vaccination Record

Agreements (5)

- Pet Care Service Agreement
- Cancellation & No-Show Policy
- Photo & Video Release
- Liability Waiver & Release (Lite)
- Terms of Service

Service Documentation & Logs (6)

- Daily Visit Report
- Dog-Walking Log
- Medication Administration Record
- Incident / Injury Report
- Meet-and-Greet Checklist
- Key Handover Log

Scheduling & Coordination (5)

- Booking Request Form
- Recurring Service Schedule
- Daily Availability / Route Sheet
- Backup-Sitter Contact List
- Owner Travel & Return

Financial & Billing (6)

- Invoice
- Quote / Estimate
- Payment Receipt
- Deposit & Payment Tracker
- Mileage Log
- Rate Sheet

Business Admin / HR (5)

- Contractor Application
- Independent-Contractor Agreement

Timesheet

Quality / Performance Checklist

Contractor Tax Info (W-9)

Client Experience (3)

New-Client Welcome Packet

Review / Testimonial Request

Client Feedback Survey

Start Here

License & Terms

Disclaimer

Start Here

everything you need to use this kit

WHAT'S INSIDE

37 fillable + printable forms across 7 workflow stages:

- Client & Pet Onboarding (7 forms)
- Agreements (5 forms)
- Service Documentation & Logs (6 forms)
- Scheduling & Coordination (5 forms)
- Financial & Billing (6 forms)
- Business Admin / HR (5 forms)
- Client Experience (3 forms)

HOW TO FILL IN

1. Open a form in the free Adobe Acrobat Reader (not your browser).
2. Click any blue field and type. Checkboxes and dropdowns are interactive.
3. Press Save (or Save As) to keep your entries — make a copy per client.
4. Prefer paper? Print the print-ready PDF and fill it in by hand.

MAKE IT YOURS

Several forms -- your invoice and other client-facing paperwork -- include a business-name field: type yours in and it appears on the page. For the rest, print on your own letterhead or add a logo in Reader.

HOW TO PRINT

Print at 100% (turn off "Fit to page"). US Letter and A4 are both included — use the size that matches your printer. Cardstock is nice for signs and keepsakes.

LICENSE

Personal + single-business commercial use: use these to run your own business. Please don't resell, share, or redistribute the template files.

HOW THESE WERE MADE

Professionally designed business templates, built and print-proofed in-house. AI assistance was used in drafting; every form was reviewed and finalized by us.

New Client Intake

[Contents](#)

Capture a new client's contact details and the services they need.

CLIENT DETAILS

Full Name*

Home Address*

Mobile Phone*

Email Address*

Preferred Contact Method

☐ Call ☐ Text ☐ Email

How Did You Hear About Us?

SERVICE REQUEST

☐ Dog Walking

☐ Drop-In Visits

☐ Overnight/House Sitting

☐ Pet Taxi

☐ Other

Frequency

Requested Start Date

Number of Pets

Special Requests or Notes

Pet Profile

[Contents](#)

Everything about one pet — breed, age, vet, behavior, and daily routine.

PET BASICS

Pet's Name* _____

Species* _____

Breed _____

Age _____

Sex ☐ Male ☐ Female

Spayed / Neutered ☐ Yes ☐ No

Weight _____

Color & Markings _____

Microchip Number _____

HEALTH & VET

Veterinary Clinic _____

Vet Phone _____

Medical Conditions / Allergies _____

Rabies Up To Date ☐ Yes ☐ No ☐ Unknown

Rabies Expiry Date _____

BEHAVIOR & ROUTINE

Temperament with People & Other Animals _____

☐ Bites/Nips

☐ Fearful

☐ Leash Reactive

☐ None

☐ Resource Guards

☐ Escape Artist

☐ Separation Anxiety

Daily Routine (walks, meals, potty, nap) _____

Commands / Cues Known _____

Emergency Contact & Vet Release

[Contents](#)

Authorizes emergency veterinary care and lists who to reach.

EMERGENCY CONTACTS

Client Name* _____

Primary Emergency Contact* _____

Primary Contact Phone* _____

Backup Contact (if client unreachable) _____

Backup Contact Phone _____

VETERINARY RELEASE

Preferred Vet / Clinic* _____

Clinic Phone* _____

Clinic Address _____

☐ I authorize emergency treatment

Spending Limit Before Contacting Me _____

Additional Emergency Instructions _____

SIGNATURE

Client Signature* _____

Date* _____

Feeding & Medication Schedule

[Contents](#)

Exact food, portions, and medication timing for one pet.

FEEDING

Pet's Name* _____

Food Brand & Type _____

Where Food Is Stored _____

Portion Amount per Meal _____

Feeding Times _____

Treats Allowed ☐ Yes ☐ No ☐ Limited

Feeding Notes (water, toppers, do-not-feed) _____

MEDICATION

Currently on Medication ☐ Yes ☐ No

Medication 1 — Name / Dose / Time _____

Medication 2 — Name / Dose / Time _____

Medication 3 — Name / Dose / Time _____

How to Give (in food, pill pocket, direct) _____

Home Access / Key Log

[Contents](#)

Records how you enter the home and tracks key handoff and return.

HOME & ENTRY

Client Name*

Property Address*

Entry Method

Code / Lockbox Location

Alarm System ☐ Yes ☐ No

Alarm Arm/Disarm Instructions

Parking / Access Notes

KEY HANDOFF LOG

Key Received — Date

Key Received — By (initials)

Number of Keys / Fobs

Key Returned — Date

Return Notes / Signature

Client Questionnaire

[Contents](#)

Preferences and household details that shape great service.

HOUSEHOLD & PREFERENCES

Client Name*

Others With Home Access (family, cleaner, neighbor)

Areas Off-Limits to Pet or Sitter

Pet Stays ☐ Indoor Only ☐ Outdoor Access ☐ Both

Crate Used ☐ Yes ☐ No

Location of Leash, Waste Bags & Cleaning Supplies

COMMUNICATION & EXTRAS

Visit Update Preference

Consent to Share Pet Photos on Social Media ☐ Yes ☐ No

☐ Bring In Mail

☐ Water Plants

☐ Rotate Lights

☐ Take Out Trash

☐ None

Anything Else We Should Know

Vaccination Record

[Contents](#)

Proof of core vaccinations with dates and expiry.

VACCINATIONS

Pet's Name*

Rabies — Date Given

Rabies — Expiry

DHPP — Date Given

DHPP — Expiry

Bordetella — Date Given

Bordetella — Expiry

Other Vaccines / Titers

☐ Copy on file

Pet Care Service Agreement

[Contents](#)

Confirms the services, schedule, and rates both parties agree to.

CLIENT & SITTER

Client Full Name*

Client Phone*

Client Email

Sitter / Walker Name*

Service Address*

SERVICES & SCHEDULE

Service Type*

Pet(s) Covered*

Start Date*

End Date

Frequency / Times per Day

Visit Length

Special Instructions

RATE & SIGNATURES

Rate per Visit / Day*

Estimated Total

☐ Deposit Paid

Client Signature*

Date Signed*

Sitter Signature*

Cancellation & No-Show Policy

[Contents](#)

Sets notice windows, fees, and how refunds or credits are handled.

CLIENT

Client Full Name*

Effective Date*

POLICY TERMS

Required Cancellation Notice*

Late Cancellation Fee*

No-Show / Lockout Fee*

Holiday Cancellation Terms

Refund or Credit Method*

☐ Full Refund ☐ Account Credit ☐ No Refund (fee retained)

☐ Deposit is non-refundable

Early Return / Unused Days

ACKNOWLEDGEMENT

☐ I have read and accept this policy

Client Signature*

Date*

Photo & Video Release

[Contents](#)

Client permission to use pet photos and video for marketing and social media.

CLIENT & PET

Client Full Name*

Pet Name(s)*

PERMISSIONS

Permission Granted*

☐ Yes, I grant permission ☐ No, do not use images of my pet

☐ Instagram / Facebook

☐ Website & Portfolio

☐ Google / Etsy Listings

☐ Printed Flyers & Ads

☐ Reviews & Testimonials

☐ You may tag / credit my account

☐ You may include my pet's name

Restrictions or Notes

☐ I understand no compensation is owed for this use

SIGNATURE

Client Signature*

Date*

Liability Waiver & Release (Lite)

[Contents](#)

Client acknowledges care risks and releases the sitter within stated limits.

CLIENT & PET DETAILS

Client Full Name*

Pet Name(s)*

Known Temperament / Bite History

Medical Conditions or Medications

ACKNOWLEDGEMENTS

☐ I authorize the sitter to seek emergency vet care at my expense

☐ I release the sitter from liability except in cases of negligence

☐ I acknowledge granting home/property access

Off-Leash Consent

☐ Leashed at all times ☐ Off-leash permitted in safe areas

Additional Notes

SIGNATURE

Client Signature*

Date*

Terms of Service

[Contents](#)

Standing house rules covering payment, keys, communication, and conduct.

CLIENT

Client Full Name*

Agreement Date*

TERMS

Payment Due*

☐ Cash

☐ Venmo

☐ Zelle

☐ PayPal

☐ Card

☐ Bank Transfer

Late Payment / Fees

Key / Access Handling

Primary Communication

Severe Weather / Emergency Policy

☐ Sitter may decline unsafe or aggressive animals

ACCEPTANCE

☐ I have read and agree to these Terms of Service

Client Signature*

Date*

Daily Visit Report

[Contents](#)

A per-visit recap you can hand or send to the pet parent.

VISIT DETAILS

Client Name*

Pet(s)*

Visit Date*

Arrival Time*

Departure Time*

Service*

CARE PROVIDED

☐ Fed & fresh water given

☐ Potty break / walk

☐ Medication given

☐ Play / enrichment time

☐ Litter scooped / waste cleaned

Pet's Mood

NOTES & FOLLOW-UP

Eating / Bathroom Notes

How the visit went*

Supplies running low (food, litter, etc.)

Sitter Name*

Dog-Walking Log

[Contents](#)

Track each walk's route, duration, and bathroom breaks.

WALK INFO

Dog's Name*

Client Name*

Date*

Start Time*

End Time*

Distance / Duration

Route Walked

Gear Used

☐ Collar & leash ☐ Harness ☐ Head halter

DURING THE WALK

☐ Peed

☐ Pooped (bagged)

☐ Water offered

Energy Level

Behavior & Reactivity (other dogs, people, pulling)

Walker Name*

Medication Administration Record

[Contents](#)

Log every dose so nothing is missed or doubled.

PET & PRESCRIPTION

Pet's Name* _____

Client / Owner* _____

Vet Name & Phone _____

Medication Name* _____

Dosage (amount)* _____

Route* _____

Schedule / Times* _____

Special Instructions _____

DOSE LOG

Dose 1 — Date & Time _____

Dose 1 — Given By / Notes _____

Dose 2 — Date & Time _____

Dose 2 — Given By / Notes _____

Dose 3 — Date & Time _____

Dose 3 — Given By / Notes _____

Refused dose / adverse reaction (describe) _____

Incident / Injury Report

[Contents](#)

Document any accident, injury, escape, or property damage.

INCIDENT OVERVIEW

Pet Involved*

Client Name*

Date of Incident*

Time of Incident*

Location (home, yard, trail, etc.)*

Type of Incident*

WHAT HAPPENED

Describe what happened*

Action taken on the spot*

☐ Vet / emergency vet contacted

Vet Seen — Name / Diagnosis

Owner Notified*

☐ Yes — by phone ☐ Yes — by text ☐ Not yet reached

Owner Notified — Date & Time

SIGN-OFF

Sitter Name*

Sitter Signature*

Date Reported*

Meet-and-Greet Checklist

[Contents](#)

Everything to confirm at the first in-home consultation.

CONSULTATION

Client Name* _____

Pet(s)* _____

Meeting Date* _____

Requested Service Start _____

CONFIRM & COLLECT

- | | |
|---|---|
| ☐ Keys / lockbox code / entry method obtained | ☐ Alarm code & disarm instructions |
| ☐ Feeding routine & food location confirmed | ☐ Medications reviewed |
| ☐ Walk route / potty area & leash shown | ☐ Emergency contact & vet info collected |
| ☐ Supplies located (leash, food, cleaning, waste bags) | ☐ Pet temperament / handling notes discussed |
| ☐ Service agreement signed & payment terms set | |

NOTES

Home quirks (tricky locks, thermostat, plants, mail) _____

Pet notes (fears, no-go areas, favorite spots) _____

Sitter Name* _____

Key Handover Log

[Contents](#)

Track custody of every client key, fob, or lockbox code.

KEY / ACCESS DETAILS

Client Name*

Property Address*

Key ID / Tag Label (no address on tag)*

Access Type*

Quantity / Copies

HANDOVER RECORD

Received From Client — Date*

Received By (sitter)*

Where stored between visits

Returned to Client — Date

Return Method ☐ In person ☐ Left in lockbox ☐ Mailed ☐ Retained for ongoing service

Notes

CONFIRMATION

Client Signature (on return)

Sitter Signature*

Booking Request Form

[Contents](#)

Capture a new service request before you confirm.

CLIENT & CONTACT

Client Name*

Phone*

Email

Preferred Contact Method

☐ Call ☐ Text ☐ Email

New or Returning Client

☐ New ☐ Returning

SERVICE REQUESTED

Service Type*

Pet(s) — name, type, breed*

Start Date*

End Date

Frequency

Preferred Time Window(s)

Special Requests / Notes

OFFICE USE

Date Received

Quoted Rate

Status

☐ Pending ☐ Confirmed ☐ Waitlist ☐ Declined

Recurring Service Schedule

[Contents](#)

Lock in a client's standing weekly visits.

CLIENT & SERVICE

Client Name*

Pet(s)*

Recurring Service*

Visit Duration

Effective Start Date*

WEEKLY PATTERN (CHECK DAYS & ENTER TIME WINDOW)

Monday — Time

Tuesday — Time

Wednesday — Time

Thursday — Time

Friday — Time

Saturday — Time

Sunday — Time

BILLING & REVIEW

Rate per Visit

Billing Cycle

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Next Review Date

Daily Availability / Route Sheet

[Contents](#)

Plan the day's stops in visit order.

DAY SETUP

Date*

Sitter / Walker*

Shift Window

Vehicle / On Foot

STOPS (IN ORDER)

Stop 1 — Time / Client / Address / Service

Stop 2 — Time / Client / Address / Service

Stop 3 — Time / Client / Address / Service

Stop 4 — Time / Client / Address / Service

Stop 5 — Time / Client / Address / Service

Stop 6 — Time / Client / Address / Service

WRAP-UP

Start Odometer

End Odometer

Notes / Reschedules

Backup-Sitter Contact List

[Contents](#)

Who to call when you can't cover a visit.

PRIMARY BACKUP

Name*

Phone*

Email

Coverage Area / Zip

Services They Cover

Insured / Bonded

☐ Yes ☐ No ☐ Unknown

SECONDARY BACKUP

Name

Phone

Email

Coverage Area / Zip

Services They Cover

COORDINATION NOTES

Key / Handoff Procedure

Agreed Rate Split / Terms

List Last Updated

Owner Travel & Return

[Contents](#)

Where you are while away and when to expect you back.

WHILE YOU'RE AWAY

Client Name*

Travel Destination

Departure Date*

Return Date*

Expected Return Time

Best Number While Away*

Alternate Number

☐ Authorize an extra night of care

Notes

Invoice

[Contents](#)

Itemized bill for pet-sitting or dog-walking services rendered.

BUSINESS & CLIENT

Your Business Name*

Invoice #*

Invoice Date*

Payment Due Date

Client Name*

Client Email / Phone

Service Period Covered

LINE ITEMS

Description (e.g. 30-min dog walk)*

Qty x Rate

Amount

Description

Qty x Rate

Amount

Description

Qty x Rate

Amount

TOTALS & PAYMENT

Subtotal

Discount

Tax

Total Due*

Accepted Payment Methods

Notes / Payment Instructions

Quote / Estimate

[Contents](#)

Written price estimate for a prospective client before booking.

CLIENT & QUOTE DETAILS

Your Business Name*

Quote #

Date Prepared*

Estimate Valid Until

Client Name*

Client Email / Phone

Pet(s) Name & Type

REQUESTED SERVICES

Service Requested*

Frequency

Estimated Dates / Duration

Service Breakdown & Per-Item Pricing*

Estimated Total*

Deposit Required?

☐ Yes ☐ No

Notes / Assumptions

Payment Receipt

[Contents](#)

Proof of payment received from a client.

RECEIPT DETAILS

Your Business Name*

Receipt #*

Date Paid*

Received From (Client)*

For Invoice #

PAYMENT

Service / Reason for Payment*

Amount Paid*

Payment Method*

Payment Status

☐ Paid in Full ☐ Partial Payment ☐ Deposit

Balance Remaining (if any)

Received By (Signature)

Deposit & Payment Tracker

[Contents](#)

Log deposits, payments, and outstanding balances across clients.

TRACKING PERIOD

Month / Period* _____

Notes _____

PAYMENT ENTRIES

Client | Date | Invoice # | Deposit | Amount Paid | Balance Due _____

Client | Date | Invoice # | Deposit | Amount Paid | Balance Due _____

Client | Date | Invoice # | Deposit | Amount Paid | Balance Due _____

Client | Date | Invoice # | Deposit | Amount Paid | Balance Due _____

Client | Date | Invoice # | Deposit | Amount Paid | Balance Due _____

Client | Date | Invoice # | Deposit | Amount Paid | Balance Due _____

Client | Date | Invoice # | Deposit | Amount Paid | Balance Due _____

Client | Date | Invoice # | Deposit | Amount Paid | Balance Due _____

PERIOD SUMMARY

Total Collected This Period _____

Total Outstanding Balance _____

Mileage Log

[Contents](#)

Track business miles driven for walks, visits, and errands (tax deduction).

VEHICLE & PERIOD

Driver / Business Name* _____

Vehicle _____

Month / Period* _____

IRS Mileage Rate (\$/mi) _____

TRIP ENTRIES

Date | Client/Purpose | Start Odo | End Odo | Miles _____

Date | Client/Purpose | Start Odo | End Odo | Miles _____

Date | Client/Purpose | Start Odo | End Odo | Miles _____

Date | Client/Purpose | Start Odo | End Odo | Miles _____

Date | Client/Purpose | Start Odo | End Odo | Miles _____

Date | Client/Purpose | Start Odo | End Odo | Miles _____

Date | Client/Purpose | Start Odo | End Odo | Miles _____

Date | Client/Purpose | Start Odo | End Odo | Miles _____

TOTALS

Total Business Miles _____

Estimated Deduction (Miles x Rate) _____

Rate Sheet

[Contents](#)

Published price list of your services for clients.

BUSINESS INFO

Business Name*

Rates Effective Date*

Service Area

Contact (Phone / Email)

SERVICE RATES

30-Min Dog Walk*

60-Min Dog Walk

Drop-In Visit (per visit)

Overnight Pet Sitting (per night)

House Sitting (per day)

Boarding at My Home (per night)

Additional Pet Surcharge

FEES & POLICIES

Holiday / Peak Surcharge

Cancellation Policy

Accepted Payment Methods

Contractor Application

[Contents](#)

Apply to join our pet-sitting & dog-walking team

APPLICANT DETAILS

Full Legal Name*

Phone Number*

Email Address*

Home Address*

Areas / Neighborhoods You Can Cover*

Do you have reliable transportation?*

☐ Yes, own vehicle ☐ Yes, public/other ☐ No

Valid Driver's License #

EXPERIENCE & AVAILABILITY

Describe your pet-care experience*

☐ Dog walking

☐ Drop-in visits

☐ Overnight sitting

☐ House sitting

☐ Pet taxi

☐ Administering medication

☐ Dogs

☐ Cats

☐ Birds

☐ Reptiles

☐ Small mammals

☐ Large-breed dogs

☐ Weekday mornings

☐ Weekday afternoons

☐ Weekday evenings

☐ Weekends

☐ Holidays

☐ Overnights

Earliest Start Date*

Pet First Aid / CPR certified?*

☐ Yes ☐ No ☐ In progress

BACKGROUND & REFERENCES

Reference Name & Phone*

☐ I consent to a background check

Applicant Signature*

Date*

Independent-Contractor Agreement

[Contents](#)

Terms of engagement between the business and the contractor

PARTIES

Business Name*

Contractor Full Name*

Contractor Address*

Agreement Effective Date*

TERMS OF ENGAGEMENT

Scope of Services (walks, drop-ins, overnights, etc.)*

Compensation Structure*

Rate / Split Amount*

Payment Schedule*

Term*

☐ Ongoing / at-will ☐ Fixed end date ☐ Per-project

ACKNOWLEDGEMENTS & SIGNATURES

☐ Contractor acknowledges independent-contractor status (not an employee); responsible for own taxes or is covered under required insurance/bonding

☐ Contractor agrees to confidentiality and non-solicitation of clients

Contractor Signature*

Date*

Business Owner Signature*

Date*

Timesheet

[Contents](#)

Log visits and hours for a pay period

PERIOD & CONTRACTOR

Contractor Name*

Pay Period Start*

Pay Period End*

DAILY LOG

Date | Client / Pet | Service | Start–End | Hours

Date | Client / Pet | Service | Start–End | Hours

Date | Client / Pet | Service | Start–End | Hours

Date | Client / Pet | Service | Start–End | Hours

Date | Client / Pet | Service | Start–End | Hours

Date | Client / Pet | Service | Start–End | Hours

TOTALS & APPROVAL

Total Visits*

Total Hours*

Total Mileage (if reimbursed)

Contractor Signature*

Approved By

Quality / Performance Checklist

[Contents](#)

Ride-along or spot-check review of a contractor's visit

REVIEW DETAILS

Contractor Reviewed*

Review Date*

Client / Pet Observed*

Review Type*

☐ Ride-along ☐ Spot check ☐ Client feedback ☐ Photo/log audit

PERFORMANCE STANDARDS

☐ Arrived on time for the visit window

☐ Followed care instructions accurately

☐ Safe, calm, confident pet handling

☐ Secured home / locked up correctly

☐ Sent photos / update to client

☐ Completed visit log / GPS check-in

☐ Professional appearance & communication

RATING & FOLLOW-UP

Overall Rating*

Strengths Observed

Coaching / Action Items

Follow-up required?*

☐ Yes ☐ No

Reviewer Signature*

Contractor Tax Info (W-9)

[Contents](#)

Collect tax details needed to issue a 1099.

CONTRACTOR TAX INFORMATION

Legal Name*

Business Name (if different)

Tax Classification

SSN or EIN*

Mailing Address*

Signature*

Date*

New-Client Welcome Packet

[Contents](#)

Everything a new client needs to know about how we work together.

WELCOME & YOUR SITTER

Client Name*

Date

Your Sitter / Walker*

Best Number to Reach Me*

Email

HOW WE WORK TOGETHER

☐ Dog Walking

☐ Drop-In Visits

☐ Overnight Sitting

☐ Pet Taxi

☐ Other

My Service Hours / Availability

How to Book, Reschedule, or Cancel

Key / Entry Arrangement*

How You'll Get Visit Updates

☐ Text Photo Recap ☐ Email Recap ☐ App Notification ☐ Note at Home

GETTING STARTED CHECKLIST

☐ Service Agreement Signed

☐ Pet Profile Completed

☐ Vet Release on File

☐ Emergency Contacts Provided

☐ Payment Method Set Up

☐ Key / Entry Tested

Notes / Questions to Ask Me

Client Signature

Review / Testimonial Request

[Contents](#)

A friendly ask for a review and permission to share your kind words.

CLIENT & SERVICE

Client Name*

Pet Name(s)*

Service Provided

Date

LEAVE A REVIEW

☐ Google

☐ Facebook

☐ Yelp

☐ Nextdoor

☐ Rover / App Profile

How Would You Rate Your Experience? ☐ 5 - Excellent ☐ 4 - Good ☐ 3 - Okay ☐ 2 - Fair ☐ 1 - Poor

In a Few Words, What Did You Think?*

PERMISSION TO SHARE

May I Share Your Words in My Marketing? ☐ Yes ☐ Yes, First Name Only ☐ No, Keep Private

☐ Yes, photos are okay to share

Signature

Client Feedback Survey

[Contents](#)

Tell me how I'm doing so I can keep caring for your pet the right way.

ABOUT YOUR SERVICE

Name (Optional)

Service Date(s)

Service Used

HOW DID I DO?

Overall Satisfaction*

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied

Communication & Updates

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Care for My Pet

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Punctuality & Reliability

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Would You Recommend Me?

☐ Definitely ☐ Probably ☐ Not Sure ☐ No

YOUR THOUGHTS

What Did You Love?

What Could I Do Better?

☐ Yes, please contact me

License & Terms

Personal and single-business commercial use.
Use these templates to run your own business.
Do not resell, share, or redistribute the template files.

Disclaimer

This is a customizable template, not legal advice. Review and adapt it for your own situation and local laws before use.

These forms are starting points, not legal, tax, or medical advice. Consult a professional for your situation.