

1. Go to: <http://bit.ly/TPSPPS> and click "I forgot my username or password"
2. Enter email address (temporary user name and password will be sent to you)
3. Enter temporary user name/email address

4. Click "Edit My Info" tab
5. Change user name and password
6. Add credit card information by selecting payment method and adding card number

STEP 1 & 3

TAILored Pet Services
4530 Black Forest Lane, Everett, WA 98203 Phone: 425-923-7791

LOGIN

Username: **Step 1**

Password:

Check if Staff

[Forgot my username or password](#)

[Click here to Register](#) **Step 3**

Trustwave
Trusted Commerce
Click to Validate

© 2014 All rights reserved. PowerPetSitter.com

STEP 5

Login Information

Username must be unique such as your email address.

* Username:

* Email:

* Confirm Email:

Password must be between 6 and 50 characters.

* Password:

* Confirm Password:

Names

* First Name:

* Last Name:

Alternate Name:

Spouse/Other:

Admin Note (only shown to admin and selected staff)

Phone Numbers

* At least one number is required

	Name	Other Contact Number	Has Key
Work:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mobile:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

	Name	Emergency Contact Number	Has Key
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

STEP 2

TAILored Pet Services

Email Address:

Your username and password will be sent to this email address.

Staff

STEP 4

TAILored Pet Services
Edit My Info | Schedule Appointment | Review My Appointments

Schedule an Appointment

Client: Harry Tang

Appointment Name

Enter a specific name for this appointment:

(eg. Ohio vacation, Fluffy's weekly visit, Trip to Grandma's)

Start Date

Enter the start date of this appointment: 12

(format: mm/dd/yyyy)

End Date

This is a one-time appointment ending on: 12

This is a recurring appointment every week.

This is a recurring appointment every 2 weeks.

This is a recurring appointment every 4 weeks.

This is a recurring monthly appointment.

Service Address

* Address 1:

Address 2:

* City:

* State:

* Zip code:

Directions:

(max 4000 characters)

Garage/Gate code:

Billing Address (required for Credit Card)

Use service address:

Address 1:

Address 2:

City:

State:

Zip code:

STEP 6

Alarm Information

Location:

Arm:

Disarm:

Password:

Company:

Payment Method

* Type:

* Name on card:

* Credit card number:

* Expiration date: