



## General Information

### Client Information

Name: \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ (txt?  YES) Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Key?  YES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Key?  YES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Key?  YES

### Home Information

Others authorized to enter home or premise (maid, etc):

\_\_\_\_\_

Mail:

Leave On: \_\_\_\_\_ Key?  YES Key location/box#: \_\_\_\_\_

Location of mailbox kiosk: \_\_\_\_\_

Security alarm  YES

Company name: \_\_\_\_\_ Phone: \_\_\_\_\_

Code: \_\_\_\_\_ Password: \_\_\_\_\_

TV or Radio On?  YES Located/Frequency: \_\_\_\_\_

Water house plants?  YES Located/Frequency: \_\_\_\_\_

Water outdoor plants?  YES Located/Frequency: \_\_\_\_\_

Garbage day: \_\_\_\_\_ Recycle day: \_\_\_\_\_

Cans/bags/dumpster located: \_\_\_\_\_

Code to garage or other secured area: \_\_\_\_\_



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Alternate lights?  YES  NO

In House?  YES  NO

Porch?  YES  NO

Notes: \_\_\_\_\_

Location of:

Water shut-off: \_\_\_\_\_

Fuse Box: \_\_\_\_\_

Doors or windows that remain unlocked or open? (*We assume no liability for theft or break-in if they are left unlocked or open unattended.*)

\_\_\_\_\_  
\_\_\_\_\_

Other home care instructions:

\_\_\_\_\_  
\_\_\_\_\_

### Keys

To pick up and return keys client will be charged \$10.00 for travel to and from their house.

Where: \_\_\_\_\_ client's initials \_\_\_\_\_

Return to (location, neighbor, Lockbox, etc...) where? \_\_\_\_\_ client's initials \_\_\_\_\_

Keep key on file with pet sitting service for future use: \_\_\_\_\_ client's initials \_\_\_\_\_

### Veterinary Information

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

Veterinarian's Telephone Number: \_\_\_\_\_

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date