



From Our Paws to Yours

CLIENT & HOME INFORMATION: (please fill out only portions that apply to your home or pet(s).

Pet Owner's Name: _____ Name of Pet(s)*: _____

Address: _____ City _____ Zip _____

Phone: _____ Email Address: _____

Spouse's Name: _____ Phone: _____

Spouse's Email Address: _____

Landlord Contact Info (if applicable): _____

Emergency Contact and Phone Number: _____

Secondary Emergency Contact and Phone Number: _____

Client Travel Information (as Applicable):

Date leaving: _____ Time leaving: _____

Date returning: _____ Time returning: _____

Flight information: _____

Contact Information while away if different: _____

Phone while away: _____ Email Address while away: _____

Do you want a daily: Text Email Send to: _____

SECURITY SYSTEM (if applicable):

Company Name: _____ Security Co Phone Number: _____

Password: _____ Code: _____ Door Entering (must be near alarm): _____

Arming Instructions: _____

Disarming Instructions: _____

PROPERTY DESCRIPTION:

Security Fence: Yes No Gates Properly Working: Yes No

Invisible Fence: Yes No Pet Door: Yes No

Describe any problems with the fence (i.e. gate not easily latched, holes under fence, etc):

How will Sitter enter home or yard? _____

Location of cleaning supplies (waste bags, solvents, broom, dustpan, paper towels, etc.): _____

Will you have any one else on your property while you are away? (Relatives, Friends, House Cleaner, Gardener, etc) :

Who: _____ When: _____ Why: _____

Who: _____ When: _____ Why: _____

Location of Emergency Shut Off Switches:

Gas: _____ Water: _____ Circuit Breaker: _____

Additional Notes: _____
