



Pet Sitting & Dog Walking, LLC

### Client Profile

Client Name:  Mr  Mrs  Ms \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Is This A Mobile Number Y / N Work Phone: \_\_\_\_\_

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

Preferred Method Of Contact: Voice / Text / Email

Preferred Method For Pet Updates: Text / Email

### Home Information

Should I expect to see **anyone** (housekeeper, landscape company, pest control, relative or friend) at your home during your absence? Y / N If yes, please list below:

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

House Entry: \_\_\_\_\_

(Should I enter through the front, back or side door, garage...

Alarm Company: \_\_\_\_\_

Alarm Company Phone Number: \_\_\_\_\_

Do you need to add my name to authorized list: Y / N

Keys: Keep for future visits: Y / N

If no, return: Via certified mail Y / N In person Y / N Leave on final visit Y / N Location \_\_\_\_\_

If garage door opener provided it will be left on final visit Location \_\_\_\_\_

**\*\*Please remember that garage door openers are not operational in the event of power outages.**

Location of Water Main: \_\_\_\_\_ Location of Electrical Panel Box: \_\_\_\_\_

Do you have an Irrigation System: Y / N Run Times: \_\_\_\_\_

### Emergency Contacts

Please provide two (2) emergency contacts. One should be in walking distance of your home. Should roads not be passable and we are unable to drive to your home we can request this person's assistance to check on your pet(s).

Emergency Contact Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### Courtesy Services

Leave TV / RADIO on for pets: Y / N Water indoor plants: Y / N Get Mail: Y / N Vary Interior / Exterior Lights: Y / N