



Client Information

Full Legal Names			
Physical Address			
Tel: Home	Office	Mobile	Other
Email			
Pet Guardian			
Tel: Home	Office	Mobile	Access to House Y/N
Veterinarian			
Physical Address			
Tel: Clinic	Emergency	Other	
Alternative Veterinarian			
Physical Address			
Tel: Clinic	Emergency	Other	

Maintenance Persons for Household Emergencies		
Name		
Tel 1	Tel 2	Access to House Y/N
Name		
Tel 1	Tel 2	Access to House Y/N
Other persons with access to home e.g. landlord, cleaning service, family members, etc.		
Security Company:		Tel:
Entry Code	Exit Code	Password



Please Tick House Sitting Services Required

- Collect Mail Water Indoor Plants Water Outdoor Plants
 Alternate Window Coverings Alternate Light Switches
 Alternate Sound Systems Other: _____
 Put out Trash Cans – Quantity and Location _____
 Reporting to Owner – Frequency _____ Method _____

Please Specify the Location of:

- Water Shut-off Valve _____
Fire Extinguisher _____
Gas Shut-off Valve _____
Electrical Panel _____
Spare House Key _____
Cleaning Supplies _____

Owner's Signature: _____ Date: _____
