



race

Reliable Animal Care, Etc.

Housing Sitting Client Information

Owner Information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

Emergency Contact: _____ Emergency #: _____

Time of visit for each day:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------------|--------|--------|---------|-----------|----------|--------|----------|
| T I M E | | | | | | | |

Security System:

Company Name: _____ Phone Number: _____

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

Arming Instructions: _____ Disarming Instructions: _____

Property Description:

Securely Fenced: Yes No Gate Properly Working: Yes No

Describe any problems with the fence (ie. gate not easily latched, loose boards, etc): _____

Are there any security risk locations: _____

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

Location of Emergency Shut Off Switches: Gas: _____ Water: _____ Circuit Breaker: _____

Will you have any one else on your property while we are contracted: (relatives, friends, house cleaner, etc):

Who: _____ When: _____ Why: _____

Services Requested Information:

Where should we put your mail and newspapers: _____

Trash and Recycle Date: _____

Security Check Instructions: _____

Location / Name of Indoor Plants to Water:

1. _____

2. _____

3. _____

4. _____

Location / Name of Outdoor Plants to Water:

1. _____

2. _____

3. _____

4. _____

Day and Time for Watering Lawn: _____

Watering Instructions: _____

Day and Instructions for Pool or Spa Maintenance: _____

Other Services Requested and Instructions: _____

