



Pet Sitting at Weston Client Profile

Client Name: _____

Address: _____

City: _____ Zip Code: _____

H Phone _____

Mobile Phone / Pager _____

E-mail Address: _____

<u>Emergency Contact</u>	<u>Relationship</u>	<u>Telephone</u>	<u>Key ?</u>
_____	_____	_____	Yes _____ No
_____	_____	_____	Yes _____ No

Does **anyone** else have access to your property during your absence (housekeeper, gardener, and pest control, relative or friends)?

Would you like Pet Sitting at Weston to bring in mail / newspapers? _____ Yes _____ No

Adjust lighting _____ Yes _____ No

Adjust Window coverings _____ Yes _____ No

Radio/TV _____ Yes _____ No

Water Plants _____ Yes _____ No Take garbage out - When _____

Do you have a security system? _____ Yes _____ No Advise Company you are using our service!

Name of Security Service _____ **Phone** _____

Entry: _____ Exit Code: _____ Password: _____ Location _____

KEYS: _____ Keep for future visits _____ Return
 (Due to security concerns, Pet Sitting at Weston will **NOT** leave keys locked inside your home)

Can we include your name in our reference list? _____ Yes _____ No

How did you hear from us? _____

Client Signature Date

Pet Sitting at Weston