

Client Profile

Client Name: _____

Address: _____

City, State, Zip code: _____

Mailing Address (if different from home address): _____

E-Mail address: _____

Cell phone(s): _____

Do you own or rent your home? () Own () Rent If rent , landlords name and telephone: _____

Emergency contact	Relationship	Telephone	Key to Home
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_____ () Yes () No

Do you have a security system? () Yes () No

If "Yes", alarm company's name and phone number _____

Entry Code: _____ Exit Code: _____ Password: _____

Location of panels: _____ Other alarm instructions: _____

Locations of: Gas shut off valve: _____

Water shut off valve: _____

Fuse or breaker box: _____

Pet food: _____

Litter: _____

Leash and crate/carrier: _____

Would you like me to take your garbage out on pick-up day? () yes () no Pick up day _____

Would you like me to retrieve your mail&/or paper? () yes () no

If "yes" where is your mailbox and is it locked? _____ () yes () no

If "yes" where will you leave the key? _____ Box # _____

House plants / outdoor plants / yard: **There will be an extra charge if extensive.**

Indoors: () none () Water plants if we are gone for _____ days or more. () Do not water

If "Water plants", specify locations _____

Outdoors: () Water plants/yard if we are gone for _____ days or more. () Do not water

House Care: Do you want: () Blinds/curtains opened and closed () leave as found

() TV or radio on while you are away

() Lights left on at night

() lights on timers, leave as found

How did you hear about my services? _____

Client signature

Date