



Pet Sitting at Weston Client Profile

Client Name: _____

Address: _____

City: _____ Zip Code: _____

Wk Phone _____

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 _____

This signed document is authorization to enter the above address for the purpose of pet care or home security checks.