



Household Information

Client Name:						
Home Phone:		Cell Phone:		Work Phone:		
Address:			City:		State:	Zip:
Spouse/Partner:						
Home Phone:		Cell Phone:		Work Phone:		
Referred by:						
Do you own or rent your home? Own ___ Rent ___				Landlord/Mgmt Phone:		
Email & Texting OK? Yes ___ No ___			Email Address:			



Emergency Contact Information



These people will be able to make emergency medical decisions if owner is unavailable.

Name	Relationship	Phone	Key(s) to home?
			Yes ___ No ___
			Yes ___ No ___



Home Access



Will you be providing a key to Kathy's Pupper Doodles to keep on file for future visits? Yes ___ No ___
Front Door Code: _____ / Garage Door Code: _____

If "No", there is a \$5.00 return fee to mail your key back at the end of the visit.

Weekly clients are to have at least one physical door key to keep on file regardless if codes or remotes are being used.



Security System



Company Name:	Code Word:
Company Phone:	Security Code/Number:



Please list the location of the following items.



Leashes:	Broom/Mop:	Pet Carrier:
Collars:	Cleaning Sprays:	Meds/Vitamins:
Dog Towels:	Cleaning Towels:	Fire Extinguisher:
Cat Litter:	Litter Box:	Trash Bags:
Treats:	Food:	Water Shut-Off Valve:
Toys:	Outdoor Garbage:	Electical Panel Box:



Instructions



Bring in mail? Yes ___ No ___	Location of mailbox / key:
Alternate Blinds? Yes ___ No ___	Water indoor plants? Yes ___ No ___
Alternate Lights? Yes ___ No ___	Turn on/off Radio/TV? Yes ___ No ___



Additional Notes or Comments

