



Client Profile

Client Name: _____

Address: _____

City: _____ ZIP Code: _____

Email Address (s) _____

Home Telephone: _____

Other Telephones: _____

Do you rent or own your home? Own Rent

If "Rent," landlord's name and telephone: _____

Emergency Contact: _____

Relationship: _____

Telephone _____ Key to Home? Yes No

Neighbor: _____

Where located: _____

Telephone: _____

Who might have access to your property during your absence (housekeeper, etc)?

Location of pet food: _____

Location of Cleaning supplies and extra paper towels: _____

Location of circuit breaker: _____

Would you like us to retrieve your mail? Yes No

Do you have a security system? Yes No

If "Yes": Entry Code: _____ Exit Code: _____ Password _____

Do you have litter boxes in the house? Yes No

If "Yes" specify locations: _____

House plants? None Water plants if we are gone for ____ days or more

If "water plants" specify location(s): _____

Would you like us to take your garbage out? Yes No

If "Yes" specify pick-up day.... Mon. Tues. Wed. Thurs. Fri Sat. Sun.

Do we need to turn off any lights or leave any one while you are away? Yes No

If "Yes" specify which ones and where they are located? _____

Other Home Care Instructions: _____
