CLIENT INFORMATION FORM

We ask many questions in order to be able to protect your pets and home. Specific information
allows us to use extra care and to take any necessary preventative measures while providing for each of the pets in our care.

Client's Name: _____ Spouse/Housemates Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email: _____

Emergency Contact Name/Phone/Address: _____
_____

Is there a security system in place: _Yes   _No

If yes, what is the alarm company's name? _____ Phone # _____

Alarm password if security calls: _____

Alarm/Gate password to disarm/arm: _____

Alarm instructions: _____

Are any of your lights on timers: _____

<u>Others who have access to your home:</u>

Name: _____ Relationship: _____ Key to home? __Yes __ No

Date/Time expected to be in your home: _____

Name: _____ Relationship: _____ Key to home? __Yes __ No

Date/Time expected to be in your home: _____

Put out Trash: __Yes __ No   Your Trash Day is: _____

Bring in Mail: __ Yes __ No   Location of Mail Box and Key: _____ Alternate Blinds? __Yes __ No

Alternate Lights: __Yes __ No   Turn on/off TV/Radio: __Yes __ No

Water Indoor Plants: __Yes __ No   Water Outdoor Plants: __Yes __ No Instructions: _____

_____

<u>Location of:</u>

Breaker Box: _____ Water Shutoff: _____

Flashlight: _____ First Aid Supplies:_____

Fire Extinguisher: _____ Thermostat: _____

Please note any common problems with your house we need to be aware of during our visits (i.e. basement flooding):

_____

_____

Date/Time you will leave house: _____ Date/Time you will return to house: _____

Where will you be going/staying? _____

How are you traveling? _____

Do you own or rent your home? __ Own __ Rent   Landlord/Management Contact# _____

How did you hear about us:_____

If referred by a friend please list them so we can give them a discount on their next visit:_____

Notes & comments:
_____

_____

_____

_____

_____

_____

I certify that all of the above information is true and correct to the best of my knowledge, and that I will notify Wagalicious Walks Co., of any changes to the above prior to the start of any Service Period.

Client Signature: _____ Date: _____