

Client Profile

Client Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Other Phone: _____
 Email: _____

Do you own or rent: ___ Own ___ Rent If renting, landlord's name & Phone number
 (in the event of an emergency) _____

Emergency Contact	Relationship	Phone	Key?
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N

Does anyone else have access to your property during your absence (housekeeper,
 gardener, pest control, relative, friend, etc)? _____

Parking Restrictions: _____

Would you like Pawsh Pet to:

- | | | |
|-------------------------|-----|----------------------|
| Bring in Mail | Y N | Mailbox Number _____ |
| Bring in Newspaper | Y N | |
| Adjust Lighting | Y N | |
| Adjust Heat/AC | Y N | Instructions _____ |
| Adjust Window | | |
| Coverings | Y N | |
| Take recycling out | Y N | When _____ |
| Take garbage out | Y N | When _____ |
| Turn on/off TV or radio | Y N | |
| Water Plants | Y N | |

Do you have a security system: Y N (if yes, please advise Security Company you are
 using our service!)

Name of Security Company: _____ Phone: _____

Alarm Off Code: _____ Alarm On Code: _____

Password: _____

KEYS: _____ Keep for future visits _____ Return (due to security reasons, Pawsh
 Pet will **NOT** leave keys locked inside your home or in a "hiding spot" on the exterior of
 your home. **Returned keys will result in a \$10 delivery fee as well as a pick up fee for
 future services.**

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

Client

Date