

Home Information

Please fill out this information about your home so I know how to care for it while you are away. I will not answer the telephone while in your home, but I will answer the door.

Pet Owner's Name.....

Who may be in the home while service is being provided?

Who else has access to your home? (cleaner, gardener, relatives, neighbours)

Other people in your home

Who else has a key? Please list phone numbers and/or addresses of these people

Security Systems

Do you have an alarm system? YES NO

Where is it located?

How is it activated/deactivated?

If applicable, what is your gate code?

Home Care

Please indicate the following services you would like performed in your absence

Blinds and curtains

Which blinds or curtains should be closed in the evening and opened in the morning?

Lights

Which lights should be turned on when?

Mail

Would you like your mail brought in? Where should it be placed? YES NO

Rubbish Bins

Would you like taken in/out..... Which day out