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CLIENT INFORMATION

CLIENT NAME: _____

SPOUSE / PARTNER: _____

HOME PHONE: _____ CELL: _____

OTHER: _____ DATE LEAVING _____ DATE RET _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

REFERRED BY: _____

GARAGE CODE: _____ GATE: _____ MAILBOX # _____ LOCKBOX # _____

HIDE-A-KEY? _____

ALARM CODE & PASSWORD: _____ ARM: _____ DISARM: _____

LOCATION: _____ ALARM COMPANY & PHONE: _____

WHERE LOCATED? Breaker Box _____ Flashlight _____

Cleaning Supplies _____ Garbage/Recycling Day _____

Thermostat _____ Water Shut Off _____

HOW WOULD YOU LIKE YOUR KEY RETURNED? _____

EMERGENCY CONTACT: _____

PHONE: _____ Key? Y / N

EMERGENCY CONTACT: _____

PHONE: _____ Key? Y / N

EMERGENCY CONTACT: _____

PHONE: _____ Key? Y / N

VETERINARIAN NAME: _____

PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DOES YOUR VET HAVE CONSENT TO TREAT YOUR PETS AND BILL YOU IN CASE OF EMERGENCY?
YES / NO

I AUTHORIZE UP TO \$ _____ FOR THE TREATMENTS OF MY PETS.

COMMENTS: _____

PLEASE MARK ALL SERVICES NEEDED:

MAIL/NEWSPAPER _____ ADJUST LIGHTS/BLINDS _____ TRASH/RECYCLING: What night it

goes out? _____ WATER PLANTS/YARD _____ PROGRESS CALL/EMAIL _____ HOW OFTEN

_____ WHAT # _____

LEAVE ON TV/RADIO _____ ADJUST HEAT/AC _____

WIFI NETWORK NAME _____ WIFI PASSWORD _____

COMMENTS / SPECIAL INSTRUCTIONS:

