

# In Home visits

Best Place to park? \_\_\_\_\_

Will your pet be crated or roaming the house? Please explain. \_\_\_\_\_

Where would you like them left at end of visit? \_\_\_\_\_

Location of leashes and waste bags or litter boxes: \_\_\_\_\_

Location of treats/food: \_\_\_\_\_

Location of cleaning supplies: \_\_\_\_\_

Disposal location for pet waste bags: \_\_\_\_\_

Walking instructions(location/length): \_\_\_\_\_

Alarm code(s): \_\_\_\_\_

Key pad location(s) Phone Numbers: \_\_\_\_\_

Spare key location: \_\_\_\_\_

Helpful information & tips: \_\_\_\_\_

Dates Needed: \_\_\_\_\_

What days are needed?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Time of day

7-9 am  9-11  11-1  1-3  3-5  5-7  7-9pm

Overnights

What is the best room to sleep in? \_\_\_\_\_

Where do pets need to be during sleeping hours? (special instructions) \_\_\_\_\_

Additional Service needed?

Trash by road (specify day) \_\_\_\_\_  Retrieve mail

Yard clean up (front/back)  Dust (specify areas) \_\_\_\_\_

Water Plants (location): \_\_\_\_\_ Alternate lights \_\_\_\_\_

Pick up /Drop off: \_\_\_\_\_ Other: \_\_\_\_\_

Authorized to use conveniences? Yes / No (stove, dishwasher, washer/dryer, TV, shower etc) \_\_\_\_\_

Wifi Network: \_\_\_\_\_ Wifi Password: \_\_\_\_\_ Other: \_\_\_\_\_

Please specify restrictions: \_\_\_\_\_

Notes: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_