

# The Fur to Feathers Client Profile

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Wk Phone \_\_\_\_\_

H Phone \_\_\_\_\_ C \_\_\_\_\_ Other \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daily updates?  Yes  No How preferred? \_\_\_\_\_

Do you own or rent your home?  Own  Rent If renting, landlord's name and telephone #  
(in the event of emergency) \_\_\_\_\_

<u>Emergency Contact</u>	<u>Relationship</u>	<u>Telephone</u>	<u>Key ?</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does **anyone** else have access to your property during your absence (housekeeper, gardener, pest control, relative or friends)? \_\_\_\_\_

Location of Main **water** turn off \_\_\_\_\_

Location of **electrical** panel box \_\_\_\_\_

Do you have homeowner / liability insurance that would cover your home in an emergency, or

Injuries caused, in the event of bites, scratches, mauls, etc.?  Yes  No

If yes, who is your carrier and agent? \_\_\_\_\_

Is there a **WEAPON** in the house? Y N Which **car/truck** will be at home? \_\_\_\_\_

Location of pet food / treats / can opener: \_\_\_\_\_ Litter Box(s) \_\_\_\_\_

Location of cleaning supplies extra paper towels: \_\_\_\_\_

Location of the inside and outside trash Inside \_\_\_\_\_ Outside \_\_\_\_\_

Would you like **Fur to Feathers** to bring in mail / newspapers?  Yes  No - mailbox locked?  Yes  No

If Yes, where is the key? \_\_\_\_\_ Box # \_\_\_\_\_

Adjust lighting  Yes  No Adjust Window coverings  Yes  No Radio/TV ON  Yes  No

Water Plants  Yes  No Take garbage out - When \_\_\_\_\_

Do you have a security system ?  Yes  No Advise Company you are using our service.!

Name of Security Service \_\_\_\_\_ Phone \_\_\_\_\_

Entry: \_\_\_\_\_ Exit Code: \_\_\_\_\_ Password: \_\_\_\_\_ Location \_\_\_\_\_

Where is the nearest phone? \_\_\_\_\_

Miscellaneous Instructions \_\_\_\_\_

**KEYS:**  Keep for future visits  Return Due to security concerns, **Fur to Feathers** will **NOT** leave keys locked inside your home. **Returned keys** will result in a pick up fee for future services. **Key Retention Form** Please notify us upon your return to avoid additional fees for additional visits. **Call Home Form**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Company Name)

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