

Fur to Feathers Pet Sitting Service

Client Profile rev 7/2023

Client Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Daily Updates? Yes No How Preferred? _____

Do you own or rent your home? Own Rent If renting, landlord name and phone # (in the event of emergency) _____

<u>Emergency Contact</u>	<u>Relationship</u>	<u>Telephone</u>	<u>Key?</u> <u>Yes/No</u>

Does **anyone** else have access to your property during your absence (housekeeper, lawn service, pool cleaner, pest control, relative, friends, neighbors, etc.)? _____

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

If yes, name of carrier/agent: _____

Which **vehicle(s)** will be at home? _____

Location of **cleaning** supplies/extra paper towels: _____

Location of **trash/recycle**: Inside _____ Outside _____

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

Mailbox locked? Yes No If yes, where is key? _____ Box # _____

Adjust lighting? Yes No Adjust window coverings? Yes No

Radio/TV on? Yes No Water Plants? Yes No

Take garbage/recycle out? Yes No When? _____

Do you have **security cameras**? Yes No If yes, location: _____

Do you have a **security/alarm system**? Yes No (Advise company that you are using our service in case of false alarms)

Name of Security Service: _____ Phone: _____

Alarm system Entry Code: _____ Exit Code: _____ Password: _____ Location: _____

Miscellaneous Instructions: _____

KEYS: Keep for future visits? Return? (Note: Due to security concerns, Fur to Feathers will **NOT** leave keys locked inside your home.) **Returned keys** will result in a pickup fee for future services. Refer to the [Key Retention Form](#).

Please notify us upon your return to avoid additional fees for additional visits. Refer to the [Call Home/Texting Policy](#).

Client Signature

Date

Provider Signature

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