

Susan's Paws and Claws Pet Services

~~~~Client Profile~~~

CLIENT INFORMATION

Name: _____ Email _____

Address: _____ City _____ Zip _____

Home: _____ Cell: _____ Work: _____

Emergency Contract: _____

How did you hear about us? Friend ____ Vet ____ Flyer Other: _____

List of all persons that have access to your property during your absence including: friends, relatives housekeepers, gardeners or others: _____

List of all vehicles that will be on your property during your absence: _____

Location of cleaning products in case of pet accident: _____

HOME CARE INFORMATION

Collect mail	Yes	No	Collect paper	Yes	No	Water plants	Yes	No
Alternate lights	Yes	No	Open & close curtains	Yes	No	Trash Cans	Yes	No
TV/ radio on	Yes	No	Other	_____				

ALARM

Alarm code(s): _____ Location of keypad _____

Alarm Company: _____ Phone number: _____

Entry Code: _____ Exit Code: _____ Password: _____

Please notify security service that Susan's Paws and Claws will be in your home caring for your pets.

Other Instructions or comments:

Signed _____ Date _____