

HOME GUIDE

Contacts:

Owners Name: _____ Other Contacts: _____
Others Who Have Access To Home: _____ Landlord: _____ Phone: _____
Name: _____ Phone: _____ Electrician: _____ Phone: _____
Name: _____ Phone: _____ Plumber: _____ Phone: _____
Security system in place? yes no Alarm company's name: _____ Phone: _____
Access code: _____ Alarm instructions: _____

Locations:

Crated Area: _____ Litter Box: _____ Paper Towels: _____
Leash/Collar: _____ Poop Scoop: _____ Paw Towels: _____
Food: _____ Kitchen Waste: _____ Spot Cleaner: _____
Treats: _____ Outside Waste: _____ Broom/Vacuum: _____
Medications: _____ Recycle Bin: _____ Fuse Box: _____

Keys - MUST TEST

Pet Sitter Has Use Code Describe Key: _____
 Will Mail Unlocked Backup Entry: _____
 Will Leave Client Present Neighbor With Key: _____
 Drop Off Other _____ Neighbor With Key Phone: _____

Required Tasks:

Dog Sitting Change Litter Box Other: _____
 Cat Sitting Mail & Newspaper Retrieval Other: _____
 Bird Sitting Water Indoor Plants Notes & Misc: _____
 Fish Care Alternate Lights/TV/Radio _____
 Small Animal Sitting Garbage/Recycling Out _____