

CUSTOMER CONTACT INFORMATION

ALWAYS HAPPY TAILS LLC.

CONTACT INFORMATION

NAME: _____
ADDRESS: _____
NEIGHBORHOOD: _____
PHONE: C / H / W _____
PHONE: C / H / W _____
PHONE: C / H / W _____
EMAIL: _____
EMAIL: _____

EMERGENCY CONTACT #1

NAME: _____
PHONE: C / H / W _____
PHONE: C / H / W _____
LOCAL: YES NO
RELATIONSHIP: _____

EMERGENCY CONTACT #2

NAME: _____
PHONE: C / H / W _____
PHONE: C / H / W _____
LOCAL: YES NO
RELATIONSHIP: _____

HAVE YOU HAD A PET SITTER BEFORE?

COMPANY: _____
REASON FOR CHANGE: _____

VEHICLES THAT LIVE AT THIS HOME: (SAFETY ISSUE)

1 _____ COLOR: _____
2 _____ COLOR: _____
3 _____ COLOR: _____

HOUSE ALARM CODE INFORMATION:

ON: _____
OFF: _____
CODE WORD: _____

GARAGE ENTRY CODE:

CODE: _____
NOTES: _____

"PET SITTER NEEDS TWO KEYS" (PLEASE TEST KEYS)

HOME INFORMATION

BRING IN MAIL: YES NO
LOCATION TO PLACE MAIL: _____
OF PLANTS INDOORS: _____
OUTDOOR PLANTS: FRONT BACK
SPOT CLEANER: YES NO
LOCATION: _____

WHO HAS KEYS TO THIS HOUSE?

1: _____
2: _____
3: _____

MAID SERVICE: YES NO
DAY OF SERVICE: _____

LAWN SERVICE: YES NO
DAY OF SERVICE: _____

POOL SERVICE: YES NO
DAY OF SERVICE: _____

TRASH PICKUP DAY: _____

OFFICE USE ONLY

MID DAY WALKS:
RATE QUOTED: _____

OCCASIONAL:
RATE QUOTED: _____

VACATIONS:
RATE QUOTED: _____

OF VISITS PER DAY: 1 2 3 4

NOTES:

