

Client Information Form

Client Name:			
Address:			
Home:	Cell:	Wk:	
Email Address(s):_			
Travel Information			
Date and time leavi	ng:	Flight information: Flight information:	
Date and time retur	ning:	Flight information:	
	oer □ Op □ Alto	while Pet Pals of Houston is visiting your home. en/Close Curtains ernate lights	
Email address while	e away:		
		e? If yes, who?	
Will anyone else be	at your home during yo	our absence? If yes, who?	
Location of Impor	tant Items		
Leash/carrier/crate:		Pet Food:	
Cleaning Supplies:		Thermostat:	
Breaker Box:		Alarm panel:	
	if there is anything out of	of the ordinary that we should know about your home (doors	s that
	prefers to keep client ke s will incur extra charges	eys on file to simplify arrangements for future visits. Schedu	ling ke
		Is Pet Sitting to retain on file, in a secured location, for future time, at which time my keys will be returned.	е
I give PetF	Pals Pet Sitting permission	on to permanently mark my key(s) for identification purpose	S.
		return my house keys after the current services are complet or key pick-up for future services.	ted. I
Client:		Date:	